MENTAL HYGIENE

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SOME ASPECTS OF MENTAL HYGIENE*

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THE occupation of a presidential chair by one to whom the experience is new and unexpected cannot fail to have serious consequences on the mental attitude of the occupant. His sense of inferiority is unpleasantly aroused by looking back at the names of his predecessors in office, while his sense of reverence for presidents in general, a habit of mind that has grown with increasing years, is in danger of destruction. My pride in the honor that has been bestowed upon me is justly tempered by the knowledge that I owe my position, not to individual merit or to eminence in psychiatry, but to the graceful and generous tribute paid from time to time by the members of this section of the Royal Society of Medicine to their neurological brethren. This symbol of the cordial relationship between psychiatrists and neurologists is peculiarly happy in its appearance at the present moment. The borderland that separates and yet unites our respective territories has for some years past been the scene of an invasion by a somewhat heterogeneous multitude of students, the large majority of whom claim to be disciples of Freud and Jung. These invaders have sprung not only from the ranks of psychiatry and neurology, but in many instances have wandered from more distant realms of medicine and of science. As was inevitable in an unorganized movement of this kind, those

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taking part in it have not all been equally well armed. Some have lacked sufficient training in psychiatry and neurology, while others have been deficient in the critical faculty and the sense of proportion so necessary to scientific campaigns. It was equally inevitable, perhaps fortunate, that such an invasion should be neither peaceful nor silent. There have been pitched battles between the immigrants and those who considered themselves to be in possession. There have been noisy and unseemly squabbles among the new inhabitants, and this turmoil has been going on in the midst of an international and social upheaval which has brought into relief, perhaps as never before, the strength and the weakness of the human mind, its success and its failure in adapting itself to strange and stressful circumstances. It is not to be wondered at that while the storm provided an immense amount of material for study, it created an atmosphere unsuited for well-considered judgments. The last year or two have, however, given us some leisure in which to review the origin, the progress, and the results of the new movement in psychology. I do not propose to enter upon a discussion of the merits or defects of our modern psychopathology and psychotherapy. In the first place, I shall summarize shortly our present position; in the second, I shall consider how to use what is best and most firmly established of our knowledge, old and new, of psychological processes for the advancement of mental hygiene. In fulfilling my first purpose I shall be dogmatic. My opinions will not be acceptable to everybody, although they probably represent more or less accurately the views of many psychiatrists and neurologists.

Value of Psychoanalysis

Psychoanalysis is essentially a method of scientific clinical investigation, and, like all other methods of scientific investigation, it requires in the investigator a trained and critical mind and in the investigated subject a degree of intelligence rather above than below the average, if the results obtained are to be of value. As Dr. Henry Head has repeatedly insisted, it is impossible to investigate the problems of sensation on subjects of low intelligence. The information obtained from such an investigation may be useful for purposes of

diagnosis and treatment, but should not be utilized for the construction of general principles.

Psychoanalysis is as necessary for the study of psychiatry as accurate and patient history taking is necessary for the elucidation of medical problems of organic origin. Psychoanalysis is not essentially a therapeutical measure. In certain cases it has a remedial value, either because it assists an intelligent patient to understand better, and therefore to deal better with, his mental disorder, or because it establishes a relationship of confidence between the doctor and the patient which is helpful to the latter and which is the fundamental requirement in all successful psychotherapy. Psychoanalysis as a method of investigation has been the means of establishing a number of truths and principles that are of great importance in the study of psychiatry. As Bernard Hart has recently stated, in terms that can hardly be improved upon:

"A great number of Freud's conceptions have withstood all the tests that can be applied to them, and it is not too much to say that they are now firmly incorporated in the structure of our knowledge. How far other sections of his teaching are sound cannot yet be decided with certainty, but they are at least worthy of careful scientific investigation free from the dust of conventional prejudice. It is certain that Freud's work has opened a new era in psychology and psychopathology, and his introduction of the dynamic point of view—the conception of mental processes as the resultant of the action and interaction of great instinctive forces—has fertilized immeasurably the arid field of the old academic psychology."

In claiming for Freud's work the opening of a new era in psychology, Dr. Hart has not gone one step too far, although he is careful to reserve judgment on the merits of many conceptions that have rapidly followed the inauguration of that era. Psychotherapy is a convenient name applicable to all forms of treatment that depend on education, persuasion, or suggestion, and not on physical or chemical influences, for their success. Although psychotherapy has been used by the medical profession for many generations, it has been recognized as a special method of treatment based on certain principles only within recent years. Its value in dealing with a

large number of mental disorders can hardly be overstated, and it is for the future to determine the limits of its usefulness.

Its Present Position

The present position of psychotherapy, as well as the diseases from which it suffers—if a remedy can be the subject of disease—were admirably described by Dr. T. A. Ross[1] in opening the discussion at the Cambridge meeting of the British Medical Association, and I cannot refrain from endorsing his eloquent plea for the establishment of a more friendly spirit among those who practice and put their faith in different methods. If this brief description of our present position in regard to psychopathology and psychotherapy is accepted, we are justified in hoping for a great advance in the practice of mental hygiene in the not very distant future. I would include under this term all measures that aim at the prevention of mental disorders, whether they are in the nature of neuroses, psychoneuroses, or psychoses.

Mental hygiene as a branch of medical science has been a miserable, neglected, and stunted plant, difficult to keep alive and still more difficult to rear, but it has a brighter future now that we are beginning to realize what it has lacked and to supply the necessary material for its development. It has always been the same in medicine. Hygiene in respect to tuberculosis was primitive and ignorant until the discovery of the tubercle bacillus. The prevention of sepsis was devoid of principles until the work of Pasteur and Lister paved the way. But if mental hygiene is to grow and to become robust, the soil must be prepared, a congenial atmosphere created, and sufficient labor and material provided.

Origin of "Nerves"

Let me turn your attention to some of the weeds that have choked the plant we would see flourish. To my mind the strongest and most obnoxious is one that was sown in ignorance and that has been nourished on fear. I refer to the fallacious belief, deeply implanted in the public mind and waiting a long-delayed exhumation by our profession, that so-called functional nervous disorders or "nerves" are not

1 See *British Medical Journal*, October 23, 1920, p. 619.

mental disorders. Surely the time has come to discard a verbal quibble that is unworthy of a scientific profession. There are signs in the air which lead me to think that unless we take this step ourselves the weed will be uprooted before our eyes by force of public opinion. But if we ourselves eradicate this weed, we shall, in the first place, be able to speak quite as frankly about mental disorders as about gastric disorders, and to discuss psychotherapy as freely as we do diet. If we recognize, and cause to be recognized, that there are all degrees and kinds of mental disorders, we shall gradually, but surely, break down the barrier that at present separates "nerves" from insanity, and that preserves for the latter the position of a mysterious and malign ogre lurking in the background and ready to pounce upon its victims from an unseen world. No harm is or ever can be done by dispelling ignorance or clearing up mystery. The fear of insanity, the fear of the unknown, the fear of something coming on them without provocation and finding them defenseless, haunts a multitude of patients and prevents that peace of mind which is the first essential in restoring their "nerves". Tell them that their symptoms are mental, that they have long suffered from a disorder of mind, and familiarity will breed contempt in place of unspoken fear. By so doing you will remove the feeling of defenselessness, and promote a confidence that the condition is understood and that your treatment is not based on a wrong diagnosis. It is useless to tell a patient who is obsessed by the fear of insanity that he is only suffering from "nerves". In nine cases out of ten, he will suspect either that you are deceiving him or that you are ignorant. Let him see that you recognize his symptoms as mental, and he will leave the treatment in your hands.

Needless to say, what I have here outlined is not sufficient. It is necessary to explain that what you mean by mental disorders are of everyday occurrence and in every one's experience. You will instance the fact that you may suffer from an obsession that is dispelled by a night's sleep or by talking to a sympathetic friend; that such an occurrence is not a question of nerves, but illustrates a transient disorder of mind. Moreover, you must explain that although symptoms are mental, they are not necessarily of mental origin. They may be due

to other, more physical, causes, or to a combination of both. For this reason it is necessary to make both a physical and a psychical examination, the latter perhaps including a careful investigation of the patient's past and present reactions to circumstances and environment. In these days you will hardly need to emphasize the fact that the condition of the teeth, of the lower bowel, or of the ductless glands may play a part, even if a subordinate one, in the production of mental disorder. It will take years before public opinion accepts the idea that mental disorders are among the commonest of ills and that we all suffer from them in a greater or less degree. But once insanity or madness is generally regarded only as an advanced form of mental disorder and not as an independent monster without relationship to other conditions, it will lose much of its frightfulness.

The theme I have entered upon could be pursued in many directions, but I can safely leave the trail to be followed by my audience. I am only concerned really with the plea that we should get rid of false terms such as "nervous" disorders when we mean "mental" disorders, and so clear the ground of the chief obstacle to rational mental hygiene. May I add that I am not preaching what I do not practice, and that I have seen no reason to regret the introduction of the word "mental" to patients when I have had the time to explain precisely what meaning I attach to it? In fact, it is a very necessary preliminary to the initiation of a course of psychotherapy.

Confusion of Ethical and Physiological Issues

My next weed must be treated with more tenderness and respect. It has intimate relations with our plant and would almost appear to grow on the same stem. Nevertheless, it needs pruning and checking in certain directions if the sap of scientific hygiene is to be preserved. As there is difficulty in distinguishing the leaves of a tree from the ivy creeping over its branches, so is there confusion in mental hygiene between physiological and ethical issues, or—as I am in the habit of putting it to patients—between medicine and morality. Ethical doctrines based on religion are, speaking generally and in view of their antiquity, surprisingly useful in mental

hygiene, but they need revision in certain particulars. The whole subject is too vast to admit of full discussion here, but I can make my meaning clear by an example which must be familiar to all of you.

A woman is beset by a fear or an anxiety or a sorrow—it does not matter which—but it is one that, according to her ethical upbringing, she must harbor in silence. She determines to suppress it and, again in accordance with her ethics, seeks success by throwing all her energies into some pursuit. Ignorant of physiological or psychological principles, she is surprised sooner or later to find herself beaten, and in the moment of defeat, when emotional reaction can no longer be restrained, she cries, "To think that I—I who always despised women with nerves—should come to this!"

Such a commonplace story illustrates two points of importance in relation to mental hygiene. In the first place, the patient has been brought up in ignorance of the fact that the mind, like the body, can be exhausted, and that an individual's endurance is a variable quantity determined by more than one factor. According to her ethical doctrine, the success of her enterprise depended merely on the strength of her will. In the second place, her piteous cry revealed the critical attitude of mind which, as a healthy person, she had always cherished toward those whom she had regarded as of inferior moral fiber. If her heart had become dilated as the result of prolonged and over-strenuous exercise, there would have been no self-reproach. She would have gone to bed and received the visits of her friends with complacence and without a suspicion of shame. There must be something wrong with the training of youth if a story such as this is of everyday occurrence, and mental hygiene will not flourish in an atmosphere containing so much ignorance of psychological principles and so little charitable discrimination between medical and moral factors.

Creation of Environment for Advancement of Mental Hygiene

So far I have been concerned with two measures that appear to be essential in creating a healthy environment for the growth of mental hygiene. They may be summarized in very few words. Disorders of mind should be generally recognized

as such, and the moral stigmata attaching to them should be dissipated. Such favorable conditions can be created only by the influence of the rank and file of the medical profession on the public. The time is ripe for a peaceful revolution of this kind. Both the profession and the public are more interested in psychological problems than ever before, and it requires only concerted and carefully considered action to direct this interest along healthy and beneficent lines. So far the increased interest in the mental side of our professional work has been reflected officially by the establishment of diplomas in psychological medicine, a step that should lead to valuable results by securing for this wide field of research a sufficiency of skilled labor.

But personally I do not want to see psychological medicine a special branch of a student's curriculum necessitating a three months' course in a special department. The student has more than enough to bear in the matter of special departments already. He need not be made familiar with all the writings, all the conceptions of Freud, Jung, or the older psychiatrists. He should learn from any or all of his medical teachers how to recognize, how to investigate, and the broad principles of treating cases of mental disorder. Patients suffering from minor mental maladies will form the bulk of his practice when he is qualified, and, since mental hygiene is concerned principally with the young, the general practitioner of the future must be responsible for its success. He cannot depute these responsibilities to a medical officer of health appointed by municipal authorities. He alone can detect which child in a family is finding difficulty in adaptation to the realities of life or to environment. He only can decide whether a threatening neurosis or an incipient regression is due more to inherent defects in the child or to external causes. His treatment will need to be directed as often to the parents as to their offspring if he is to be successful in preserving the mental health of the latter.

Five-and-twenty years ago a student was taught to distinguish between organic disease and functional disorder in his patients. The diagnosis of organic disease was followed by a discussion on the etiology and pathology of the condition, and the student was able to watch the effects of an elaborate

regimen of treatment to its appropriate or inappropriate termination. The diagnosis of a functional disorder, really a mental disorder, but not so called, evoked no comparable consequences. The page reserved for etiology and pathology remained blank, and the treatment was either purely physical or consisted of a few mild exhortations.

"You have no organic disease; you must not worry; you will recover in time; you must take plenty of exercise and have plenty of fresh air and good food."

This was generally accompanied by a good, strong strychnine-containing tonic, which possibly stimulated an already exhausted patient to further unguided efforts on entirely unsuitable lines.

Recent acquisitions to our knowledge of psychopathology should have sufficed to make the methods I have described so crudely unrecognizable to the student of the present day. Still more do they encourage the hope that the number of victims of mental disorder may be appreciably diminished if modern principles of psychical investigation and psychotherapy are incorporated in general medical knowledge and do not remain the monopoly of a few specialists. The trend of events in our science always follows much the same lines. As soon as much knowledge has been acquired in any particular branch, our thoughts are inevitably switched to the prevention rather than to the curative aspects of the problems involved. We are still seeking cures for cancer because we know so little about its causation. We are far more interested in the prevention than in the cure of sepsis. Our profession has of recent years become more and more interested in the recognition of early signs of disease, or, rather, the signs of disordered function that precede structural changes. It is not too much to say that psychiatry can now join in this general pursuit and so promote the growth of mental hygiene.

Multiple Factors in Mental Hygiene

It may seem a far cry from the nightmare of a child who has supped not wisely, but too well, to the hallucinations of an asylum patient, and to put these two mental disorders in the same category might seem to be a bit of extravagance worthy only of a fanatic. But this nightmare incident illustrates well

the tendency we all suffer from in greater or less degree to unify our pathogenesis. We like to think the nightmare was due to indigestion. It saves trouble, and the responsibility for preventing further nightmares may safely be left to the mother. There must, however, have been at least two other factors in the production of the nightmare. There was the inherent constitutional factor which caused that child to have a nightmare, although his brother, after consuming the same supper, slept undisturbed. There was the psychological content of the child's mind which determined the nature of the dream and the emotional disturbance associated with it. The most profound skeptic of modern psychology will not ask us to believe that the story of a dream is a bolt from the blue, or that it is more intimately related to the content of the dreamer's stomach than to that of his mind. The supper was undoubtedly important and may be allotted the chief share of guilt, but the other factors are not to be neglected if the study of mental hygiene in relation to children is to yield fruit. The asylum patient suffers from hallucinations. Shall we be content to say that he does so because he is mad? Or shall we look forward to the time when the reason for his suffering and the factor that determined the nature of his hallucinations are revealed to us? Looked at in this light, the problem of the nursery and that of the asylum are not so far separated.

The multiplicity of factors is a doctrine that, as teachers, we should keep constantly before the minds of our students. As practitioners our success depends on its observance whatever branch of medicine engages our interest. There can be no doubt that the study of epilepsy, for instance, has suffered much in the past from ignoring the psychological factor, although I should be very reluctant to subscribe to the view that the disease is purely psychopathic. Important as it is to bear in mind the doctrine of multiple factors in general medicine, it must never be forgotten in mental hygiene. We are too apt to say of a patient suffering from a psychosis: "What can you expect? Look at his family history." Granted that the inherent factor has been predominant, is it not possible that a far-seeing mental hygiene might have so dealt with other factors that a serious disorder could have been averted? It is impossible not to sympathize with those

who hold that psychotherapy plays only an unimportant part in the treatment of a full-grown psychosis, but this attitude is very different from believing that it cannot be useful as a preventive measure at a more embryonic stage. Endeavor to imagine the terror that must be constantly present in the minds of many sane persons who are members of a mentally unstable family. Is it difficult to realize what comfort they would derive from a belief that heritage is not the only factor to be reckoned with and that medical learning is capable of recognizing and assessing the other factors, so that the long-dreaded calamity may be avoided? I have a shrewd suspicion that the advice in such cases to avoid over-strain and to keep the body healthy does not quite meet all requirements. Are there not unavoidable difficulties to be faced in every one's life, and are we not already in a position to advise how they may best be dealt with?

Value of Rest and Thought

Before leaving the professional aspects of mental hygiene, and lest I should be accused of a marked bias in favor of modern psychotherapy in the prevention and treatment of mental disorders, let me say a word on the question of rest. There is no doubt in my mind that the invaders of our borderland have unduly minimized the importance of rest as a physiological essential in the prevention and cure of the psychoneuroses. Rest and sleep must, to the end of the chapter, be necessary in treating a condition of exhaustion, however the latter is produced. It is contended that with simple fatigue, uncomplicated by an anxiety state, sleep is undisturbed and refreshing. But it must be remembered that fatigue of itself may convert potential anxieties into active anxieties by reason of that loss of sense of perspective and of proportion by which it is almost invariably accompanied. In this way insomnia and disturbed sleep are brought about and a vicious circle established. This is a matter of everyday experience, and one that must not be lost sight of in any system of mental hygiene.

There is another aspect of mental hygiene on which I should like to touch, but which should perhaps be addressed to educational authorities rather than to yourselves. The chief func-

tion of the mind is thinking, and it is doubtful whether an organ can retain its maximal health if its function is not adequately exercised. But exercise must be guided and trained, especially in the young, if it is to attain its object. A game of cricket in which the participants are ignorant of the rules and uninspired by any keenness is worse, as an educational exercise, than no game at all. Is thinking a function that needs no practice, no training? Hughlings Jackson, whose contributions to psychopathology, in advance of his time like most of his work, have been revived and admirably presented to us by Dr. Maurice Nicoll in a recent article on regression,[1] was in the habit of exhorting his house physicians to set aside some portion of the day or night for thinking. He advised us to choose some question that had been raised in the course of the day, to allow our powers of association to assert themselves, and to jot down the resulting ideas in a notebook. In other words, he stimulated us to look at each question from many points of view, and to give it as many and as various attachments as possible. The value of forming such a habit can hardly be denied, and its more general adoption might prove to be a powerful preservative of mental health. This memory has been revived by references in recent literature to the beneficial results attributed to conversational reëducation. It is contended that this form of psychotherapy relieves a patient's mental suffering by introducing to him other aspects of a conflict which have hitherto escaped his notice. The same principle is concerned in the commonplace experience of talking our troubles over with a sympathetic friend who, without adding to our knowledge, reveals them in different lights. If this hypothesis can be supported, is it not to be inferred that the ability to look at difficulties from many points of view is an asset of some value in the maintenance of mental health? Is it not equally justifiable to assume that this ability must to a large extent be a matter of training in our earlier days?

My recollection of school days may not be reliable, but this principle, if my memory serves me right, did not govern our education. We had little time allowed for thinking, no instruc-

[1] *The Conception of Regression in Psychological Medicine. The Lancet*, Vol. 1 for 1918, p. 707, June 8, 1918.

tion in thinking, and no encouragement to cultivate the art for ourselves. There was an atmosphere of rigidity in regard to what might be controversial subjects in unfettered minds, and a thing either was or was not the right thing to do. I can well remember the surprise experienced on leaving school in relation to matters of conduct and to opinions about individuals. The atmosphere had changed and questions previously regarded as finally settled were found to be worthy of discussion. Individuals were no longer pigeonholed in this or that category; some with a wholly undesirable reputation had reluctantly to be conceded one or more good qualities. It may be that the somewhat narrow attitude of mind engendered by school life was adequately corrected by subsequent influences, but it is hard to believe there is no room for more systematized education in wide thinking at that period of life when the mind is most impressionable and most ready to form habits of permanent value. According to our newspapers, the education of the working-class children has again this narrow outlook with a socialistic bias, and is indifferent to other points of view. This being so, it should not cause surprise if they experience mental and other conflicts in later life. This is not altogether a frivolous utterance on my part. It can hardly be disputed that a large factor in present-day social unrest is of psychological origin, and that broader education on the lines I have just indicated would serve not only mental, but social hygiene.

Summary and Conclusion

There are other aspects of mental hygiene concerned with schools and education, especially in relation to hours of sleep and work, but these have received attention elsewhere, and I will not detain you with them now. Having trespassed on territory where I have no authority, I will be content with the inroad I have made and retrace my steps. To recapitulate, mental hygiene is a young plant worth cultivating and full of promise. Its growth must be promoted: (1) By no longer misnaming mental disorders as nervous. It is perhaps time to be courageous and to call institutions hospitals or clinics for minor mental disorders in preference to functional nervous disorders. (2) By getting rid of the confusion between ethical

and medical principles as they affect health. (3) By teaching elementary principles of psychopathology and psychotherapy to students in order that the general practitioner may take a prominent part in maintaining the mental health of individuals; these subjects, being more important than much that the student is called upon to know, should be introduced into the syllabus for examinations and questions set upon them. (4) By obtaining general recognition for the multiplicity of factors concerned in producing mental as well as other disorders. (5) By giving due prominence to fatigue as a factor in psychopathology and to rest in psychotherapy. (6) By encouraging education in thinking as an important preventive measure.

I am conscious that I have displayed my admiration for, and belief in, much of the newer psychotherapy, but I am not really unmindful of what has gone before. The present condition of psychiatry and of mental hygiene—immature as it is, but full of promise for the future—could not have been reached without the mass of invaluable research undertaken and carried out in the past by many great workers in this department of medicine. If a flood of light has been thrown on the results of their labors by a later generation, let us bear witness to the fact that it only adds a brighter luster to their names.

HABIT CLINICS FOR CHILDREN OF THE PRE-SCHOOL AGE*

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AT the request of the Baby Hygiene Association, of Boston, I was delegated early in November, 1921, to make a survey of one of their health clinics to determine whether a psychiatrist might have anything of value to contribute to their program of preventive medicine as it related to the care of children during the first five or six years of life.

I recall my doubts and misgivings when I was informed that the problem of studying the mental life of these immature youngsters would be complicated by having to deal with parents whose interest in abstract problems might be at low ebb, to say nothing of the barriers that might arise from language difficulties. I soon learned, however, that the problems were not abstract and that the language difficulties had been much exaggerated.

A visit to one of these clinics not only demonstrated the need of some one who was willing to study the child and his mental life, but stimulated a keen desire to begin at once. Consequently there was established what we please to term a habit clinic, the first of its kind to be held in Boston.

The assets of the new clinic were very modest indeed, including a psychiatrist one afternoon a week, a pad of paper and pencil, a chair and table in the nursery, and the necessary equipment for making a complete physical and neurological examination.

The function of the habit clinic is to deal with those children who are developing during the pre-school age—that is, between the ages of two and five years—undesirable methods of meeting the daily problems with which they are confronted, to further the formation of habits that will tend toward the proper development of the child and its best interests, to deter-

* Read at the Seventy-eighth Annual Meeting of the American Psychiatric Association, Quebec, June 9, 1922. Printed simultaneously in the *American Journal of Psychiatry*.

mine in so far as possible the basis of undesirable habits and unhealthy methods of reaction, and to institute proper training and treatment to overcome such habits. In brief, the habit clinic has for its objective the healthy development of the mental aspect of the child's life, beginning at a time when methods of prevention rather than of cure can be utilized.

We do not feel it necessary to seek justification for the organization of these clinics in some vague, ill-defined hope that they may tend toward the prevention of mental disease; we feel that their existence is justified by the immediate results obtained. A neurotic child or one struggling with some undesirable habit problem, who is finding it difficult to make early adaptations and to face everyday problems in a normal, healthy manner, may very easily become the dominant member of the household and not infrequently be the direct or indirect cause of much family strife. All too frequently such a child becomes the economic hazard or the social menace that eventually leads to the disintegration of the home. Such a child not only demands, but usually gets, a disproportionate share of the parents' time, to the neglect of the other children and their consequent jealousy, envy, and resentment. Although no claim is made at this time that there is any relation between these undesirable habits in childhood and the mental breakdowns of later life, it is not difficult to see that these infantile reactions closely resemble the psychoneurotic manifestations in adult life and that a fundamental lack of inhibitions may be the dominating characteristic in a criminal career.

We all appreciate that the success or failure of the individual to adapt himself in a manner satisfactory to those with whom he is associated may depend upon numerous and varied factors, all very intricate and involved and frequently closely interwoven with one another—bad bodily health dependent, perhaps, upon some simple problem of nutrition or an improper balance between the glands of internal secretion, a nervous system incapable of functioning in a normal manner, and the less well-defined inherent defects that prevent the normal development of the instinctive and emotional life of the individual.

Although one or more of the foregoing factors may be present in a great majority of the cases that are "failing to

make the grade", we cannot ignore the fact that often the stumblingblock is not within the individual himself, but in the environment in which he is reared—that there is a group of cases, how large or small we cannot say at this time, who become the victims of their environment rather than of their heredity, their economic or social failure having its origin in the mental conflicts of childhood and in the development of unhealthy methods of dealing with mental problems. It is obvious, therefore, that it will be greatly to the advantage of the particular individual concerned and of those with whom he is to come in contact in future years if such conflicts can be unearthed and such unhealthy methods of reaction corrected at the age of five instead of at thirty. Whatever view one may hold regarding the fundamentals of character and personality, we are, I think, all agreed that there are certain instincts, "innate tendencies", natural inclinations or propensities—call them what you will—which are lying dormant in the individual from birth ready to be called into service, usually at the necessary time and with the proper force to meet the best needs of the individual. The stimuli that actuate these forces may come either from within the individual or from the environment, and it is for the purpose of attempting to guide, to inhibit, or to stimulate these instinctive forces, which may be underdeveloped or overdeveloped or imperfectly developed, that we study the mental life of the child, utilizing behavior as the medium of interpretation.

It is not my purpose to enter into the psychology of habit formation, but simply to mention in passing a few of the fundamentals, necessary for the development of every human being, that are more in evidence during childhood than at any other period of life. Those that strike me as being of particular importance because of their utility are plasticity, suggestibility, imitativeness, and a love of approbation. These four characteristics, so dominant during the first few years of life, are invaluable assets in our efforts to model and remodel personality.

The home represents the workshop in which these personalities are being developed, and the mental atmosphere of the home can be very easily contaminated. The ever-changing moods of the parents, colored by their indifference, their quar-

rels, depressions, and resentments, and shown by their manner of speech and action, are decidedly unhealthy; so, too, are the timidity of a mother, the arrogance of a father, the self-consciousness of a younger sister, and the egotism of an older brother. Under such conditions we find a mental atmosphere as dangerous to the child as if it were contaminated by scarlet fever, diphtheria, or typhoid. On the other hand, cheerfulness, affection, kindly consideration, cleanliness, a manner and speech that are not forbidding but show interest in the questions of the child, frankness and honesty in answering questions with the idea of developing freedom in speech and action not inhibited by fear of punishment or silent contempt—all these things play a part in the development of the personality of the child that cannot be overestimated. The environment is found to be mirrored in the character of the child, regardless of what his heredity may be.

I have already stated that the problems were not as abstract as I had anticipated. Take, for example, the case of two youngsters in the same family, one just over five, the other over six years of age. The younger, Gertrude, was brought to the clinic on account of persistent bed wetting and walking in her sleep. She would wake up frightened and cry out, disturbing the entire household. The older, Helen, also a persistent bed wetter, for the past three weeks had been vomiting every morning and occasionally during the day, and was very untidy in her dress and general habits. Both children were a great problem to the mother. She stated that it seemed as if she did nothing but wash sheets all day long, and since Helen had begun vomiting, her daily routine had become even more difficult. The conditions in the home were described by a psychiatric social worker as follows: The family lived in three miserable rooms with low ceilings, small windows, and floors in a bad condition, showing that apparently no attempt had been made to do any cleaning for several days. Piles of soiled clothing were lying around, and wood and coal were scattered about the stove. In one of the rooms there was a small open toilet for the children to which they went frequently and which the woman emptied at infrequent intervals. A towel and wash cloth that hung by the sink and that were used to wash the baby's face were indescribably dirty. The air in the room was very bad.

The mother, a woman of no particular intelligence who was able to speak only rather broken English, was five months pregnant. She stated that she often wondered what she had to live for. She seemed to be afraid of her children, but on the other hand was very fearful that some harm might come to them. She walked to school with them twice every day because she was afraid that the bigger children would knock them down. There were four children, the two of whom I have been speaking, Helen and Gertrude, being the oldest. It was not difficult to determine that Helen's vomiting was purely a matter of imitation. The mother had been vomiting herself (because of her pregnancy) for the past months, often in the presence of the child. The bed wetting of both children had been tolerated and no attempt had been made to establish a routine that would tend to break up this habit.

Within two weeks the vomiting and the bed wetting of both children were stopped by very simple, common-sense measures. I need not say that the mother was much gratified at getting results by following our simple instructions. An effort is now being made to help her with the family budget—as the income of the father is sufficient to provide much more comfort than the family are getting—and to teach her some of the principles of cleanliness and household efficiency. In this case our success with the children was the initial wedge in getting into the household and doing something for the entire family.

Another little girl, aged three and one-half years, was brought to the clinic because of terrifying dreams, an intense fear of dogs, and extreme shyness. It was only after the third visit to the clinic that the mother herself threw much light on the origin of the child's fear of dogs. She stated that when she was about eighteen years of age, she herself had had a rather terrifying experience in being chased by a dog and this fear had persisted for a long time. Remembering her own fear of dogs, she had felt that it would not be a bad plan to instill this same fear in her child, and for months past she had frightened the little girl, when she was disobedient, by threatening to go and get the dog, and when out on the street with the child, she always pretended to be afraid when dogs were present, although she had actually overcome her own fear. By instructing the mother and giving the child a proper attitude toward animals, this fear was soon banished.

and the terrifying dreams ceased without any further treatment. The child is still very shy, but is making contacts with other children, and the prognosis seems good.

Another little girl, Frances, aged two, was brought to the clinic by her mother because she was making vicious attacks upon her little sister Ruth, aged four. The day before her visit to the clinic, she had bitten her sister on the abdomen and scratched her face rather severely. Investigation of this particular situation revealed the fact that the father had noticed, when Frances was but eighteen months old, that she showed rather unusual and amusing reactions whenever he petted her older sister. It soon became his pastime, when he came home from work, to make a great deal of Ruth in order to arouse antagonism in Frances. He did not realize the danger of this particular form of amusement. Here we have a good example of jealousy being developed in pure culture, an emotional reaction that we are all quite aware not infrequently leads to serious difficulties.

Another youngster, aged five and one-half years, refused food unless fed by her aunt. When left alone with the food, she hid it and then told fanciful tales of what had happened to it. A careful examination at the Children's Hospital, in order to determine whether the refusal of food had any organic basis, gave negative results, and measures were then instituted that ended in the child's being willing to feed herself, thus relieving the family of an unusually wearisome task.

Paul, aged four, an alert lad of normal intelligence, every now and then caused much concern in the family by losing his voice. The reason for the trouble was quite obscure until Mrs. N. reported at the out-patient clinic at the Psychopathic Hospital with the identical complaint. Investigation revealed the fact that Paul lived in the same house with Mrs. N. and that he spent as much time in her home as he did in his own. This symptom, like that of persistent vomiting just described, was one that had its basis in the imitative tendency so well marked in children.

The following case, although nine years of age and not in the pre-school group, is mentioned in closing to illustrate the development of symptoms that begin in very early life.

The little girl in question was brought to the clinic because

of sex delinquencies and the lack of a sense of shame. The father is said to be a very sane, sensible sort of man who is making every effort to care for his family. The mother was an epileptic with hypersexual tendencies, who died at the Psychopathic Hospital about four years ago from a toxic psychosis. The father married again, and although the stepmother is trying hard to cope with the present family situation, she has not been particularly successful on account of the older stepdaughters. At the present time she is separated from her husband because of the conduct of the patient and the lack of support she got from other members of the family in her efforts to make things go right. For the past three years, or since the age of six, the patient has been known to have been having sex relations with various boys in the vicinity; on several occasions she has been found in the cellar of an unoccupied house near her home absolutely nude, with three or four boys of about her own age. She tells her father in detail what has happened and shows no sense of shame whatever in speaking of the active part that she has played in these episodes. Her father states that she has shown abnormal interest in sexual things for the past three years at least. After coming home from the moving pictures, she seems to remember nothing but the sexual aspect of the picture, frequently fabricating and interweaving sensual situations that have no foundation in fact.

In the psychological examination, this little girl graded a year beyond her actual age. In the examining room she answered all questions quite openly and frankly. She evidenced an extremely precocious interest and a very intimate knowledge of sex affairs, which could have been gained only by personal experience. She made no effort to minimize her part in these unfortunate episodes, but did express quite voluntarily a desire to overcome her hypersexual tendencies. She realized that her delinquencies were breaking up the home and showed fondness for her stepmother and appreciation of the fact that she was trying to be of help. This patient has been seen on four different occasions, and we have every reason to believe that much will be accomplished towards solving her difficulties through reëducation and a change of environment.

I feel that it is extremely important that such a clinic as I

have described be very closely associated with some general health movement, first because of the advantage thus gained in being able to refer the patient from one specialist to another as occasion demands, and second because of the opportunity afforded to present psychiatry in a very practical way to the medical profession at large.

I have not lost sight of the fact that many of the foregoing conditions described as "undesirable habits" might well be considered self-eliminating, yet this in no way justifies us in ignoring them. It is important to appreciate the fact that the child reacts on a much lower level than the adult and that there is a marked difference between the purely instinctive reactions of children of the pre-school age and the more elaborate personality reactions in adult life. I believe that the reactions of childhood can be interpreted more accurately and with less difficulty than those of adult life.

The importance of establishing habit clinics in the communities where these children live and in the nurseries with which they are familiar is well worthy of consideration. Such location serves two distinct purposes: first, it renders the clinic available to many children whose parents would find it quite impossible to seek advice from the hospital, and second, it permits us to observe the child under more normal conditions than we would find in the ordinary out-patient clinic.

A great deal may be expected from developing psychiatric social workers in this field. Undoubtedly we shall find that, when properly trained, they are capable of assuming far greater responsibilities than we have heretofore been inclined to put upon them.

Up to the present time we have done no more than establish the fact that there are many intricate and involved problems relating to children of the pre-school age in which the psychiatrist and psychologist and psychiatric social worker can render most valuable service. The task at hand is to develop, in so far as possible, definite means and methods of dealing with these problems, getting away from vague generalities as much as the analysis of our material justifies.

THE INAUGURATION OF A STATE-WIDE PUBLIC-SCHOOL MENTAL CLINIC IN MASSACHUSETTS*

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THE Massachusetts legislature enacted the following law in 1919:

An Act to Determine the Number of Children Retarded in Mental Development and to Provide for Their Instruction

Section I. The school committee of each city and town shall, within one year after the passage of this act, and annually thereafter, ascertain, under regulations prescribed by the board of education and the director of the commission on mental diseases, the number of children three years or more retarded in mental development who are in attendance upon the public schools of its city or town, or who are of school age, and reside therein.

Section II. At the beginning of the school year of nineteen hundred and twenty, the school committee of each city and town in which there are ten or more children three years or more retarded shall establish special classes to give such children instruction adapted to their mental attainments, under regulations prescribed by the board of education.

General Acts, Chapter 277, approved July 1, 1919.

In accordance with the provisions of this act, the department of education and the commissioner of the department of mental diseases have formulated regulations and instructions for applying the provisions of the act throughout the entire state.

It was decided that this work should be done under the direction of skilled psychiatrists. One physician was selected from each of the state hospitals and from each of the schools for the feebleminded for this purpose, twelve in all. These physicians were given a course of intensive training, dealing with feeblemindedness in all its phases, its varieties, degrees, causes, diagnosis, treatment and training, and the like. The examination and diagnosis of individual cases constituted a very important part of this course. It was strongly stressed that the usefulness of the clinics would depend very largely upon

* Read at the Forty-sixth Annual Meeting of the American Association for the Study of the Feebleminded, St. Louis, May 20, 1922.

the tact and sympathy of the examiners towards the pupil, his parents, the school authorities, etc. It is a very serious matter even to suspect a child of being mentally deficient. A mistake in diagnosis would be a tragedy. In case of doubt, the diagnosis should always be deferred for further examination or until the evidence is conclusive.

The entire state was divided into twelve districts, each district roughly corresponding to the area served by one of the state hospitals or one of the schools for the feebleminded. The specially trained psychiatrist from each institution is responsible for the examination of the retarded pupils in that district. In this way provision is made for the examination of every retarded pupil in the state—for the one backward child in the remote mountain district as well as for the children in the thickly settled city. The psychiatrist from each of the state hospitals devotes several days a week to this work. Each of the two schools for the feebleminded has a traveling clinic, consisting of a psychiatrist, a psychologist, a social worker, and a clerk, who devote their entire time to the work. On account of this full-time staff, the schools for the feebleminded have assigned to their territories some of the rather widely scattered industrial centers of the state. It is expected that each community will be visited by the examiners at least once each year, and as many as possible of the retarded children in that community examined. This plan will ultimately provide for the examination of all the retarded pupils in each community. It is a simple matter for officials selected by the state to go into a city or town and decide upon the mentality of the school pupils; but it would be a very difficult matter for the local school authorities to do this without arousing antagonism.

These clinics were begun in March, 1921. Approximately 4,500 cases have been examined and reported up to May 1, 1922. The work is well under way in the cities and large towns, but many small towns have not yet been reached. Without exception, the local school authorities have willingly and intelligently coöperated in this work. In no city or town has there been any real difficulty.

The clinic examiners have nothing to do with the selection of the pupils to be examined. They are selected by the local

school authorities. The different cities and towns have various methods of selecting these pupils. The majority are actually selected because, in the judgment of the teacher or of the principal, they are definitely retarded. They are usually found in school grades two or three or more years above the grades whose work they are able to do. In several cities modifications of various group-intelligence tests have been used for the primary selection of pupils for individual examination. In addition to the children who have repeated grades or who have been assigned to grades beyond their capacity, a group is presented of children just entering school who are obviously not able to begin first- or second-grade work, and who, in the judgment of the teachers, are definitely retarded. Apparently the sensibilities of no parents have been wounded by the examinations and the reports of the results.

Some of the cities have selected only the children eight, nine, and ten years of age; others have selected children with ages ranging from six to sixteen years; still others have selected only those from eleven to sixteen years. In 1,000 consecutive cases examined by the clinic, the chronological ages have been as follows:

Age	*Number*
6 years	7
7 years	40
8 years	65
9 years	90
10 years	105
11 years	120
12 years	130
13 years	191
14 years	145
15 years	94
16 years	13

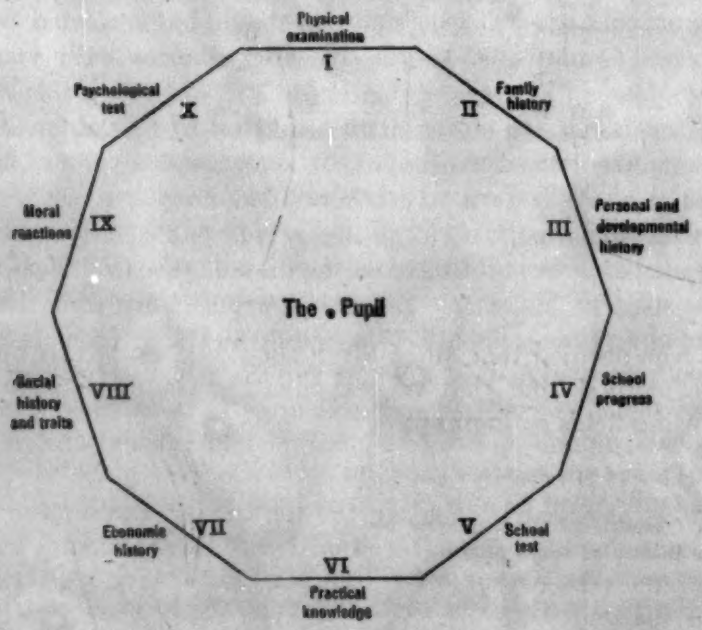
It was decided that all children should be examined by the same method, and that the examination should include the following fields of inquiry:

1. Physical examination
2. Family history
3. Personal and developmental history
4. History of school progress
5. Examination in school work
6. Practical knowledge and general information

7. Economic efficiency
8. Social history and traits
9. Moral reactions
10. Psychological examination

A special syllabus for each field of inquiry has been developed, each on a separate sheet.

Full information from each of the above fields is necessary in order to make a consistent diagnosis and as a basis for the future treatment and training of the pupil, for we have found that worth-while advice must be based upon the most complete knowledge and understanding of the patient—his bodily constitution and make-up, heredity, environment, clinical and developmental history, school record, pedagogical measurements, capacity for family and social adaptation, the presence or absence in him of innate or acquired character or personality complexes, and his response to a thorough psychometric examination. This information constitutes a cross section of the child himself—an evaluation, as it were, of his possibilities and limitations, so far as they are ascertainable. The thoroughness of this form of inquiry is well expressed by the following diagram:



The traveling clinic visits the cities in turn, usually spending a week in each. The group is able to examine from fifty to sixty pupils in a five-day week, depending upon the chronological ages and the mental ages of the pupils examined. The examination really consists of a series of examinations, and the work is divided as follows:

The social worker goes to the city six weeks before the visit of the clinical group, and arranges with the superintendent of schools for the time of the proposed visit of the clinic, the number of children to be examined, the location of these pupils as to school buildings, and the like, and plans with him for the selection of a teacher competent to give the school tests. If necessary, this teacher receives special instruction as to giving the school tests and the scoring of the same.

The school nurse or other socially minded member of the school organization is instructed as to the technique of taking the histories. She visits the family and obtains the mother's consent to the examination. She secures the family, personal and developmental, economic, social, and moral history of the pupil. The history of school progress, showing the age upon entering school, etc., is furnished by the school teacher or by the school nurse. These histories should be completed, written up, and available before the traveling clinic actually visits the city.

In some of the cities all the children to be examined from the entire city are brought to some central point, usually school headquarters. In other cities, they are examined in groups in school buildings in various parts of the city, the pupils being brought in from the distant schools. Two rooms are usually necessary for this purpose, one for the psychologist, which should be as quiet and free from interruptions as possible, and another for the psychiatrist, equipped with scales for weight and measure. It is necessary to have a school nurse or a teacher assigned to present the children to the examiners in turn.

The psychiatrist makes the physical examinations and measurements, obtains the clinical and developmental history, and gets the data as to practical knowledge and general information.

The psychologist makes a thorough psychological examination.

The records of the examinations and findings in each of these ten fields of inquiry are now available for the psychiatrist to make the diagnosis and to formulate the advice and recommendations for each individual pupil.

The diagnostic significance of the findings in the ten fields of inquiry have been described in previous papers by the writer.[1]

It cannot be too strongly emphasized that the mental diagnosis throws light on only one part of the problem of the individual pupil. The other information obtained is necessary if we are to accomplish much for his betterment.

These clinics have been made constructive from the start, the purpose of the examination being not to discredit the backward child in any way, but rather to find his present capacity for training, his probable rate of progress, his personal handicaps or special abilities, and the like. In other words, this examination catalogues his possibilities as well as his limitations, and has for its main purpose the idea of improving the child's condition as much as possible. The detailed information which can always be obtained in some of the fields of inquiry renders it possible to make a thorough diagnosis of the condition of the pupil and furnishes the basis for the specific advice that is given for each case examined.

The advice given is based upon the facts revealed in the ten fields of inquiry as to the pupil's physical condition, home conditions, personal history, school progress, social and moral reactions, as shown in school and elsewhere, and upon the results of the psychometric tests compared with definite pedagogical examinations—the actual school examinations in reading, arithmetic, etc. In other words, we compare what a child can do now in school with his school history as given by the teachers and as modified by his physical condition, home conditions, personality traits, mental age, etc.

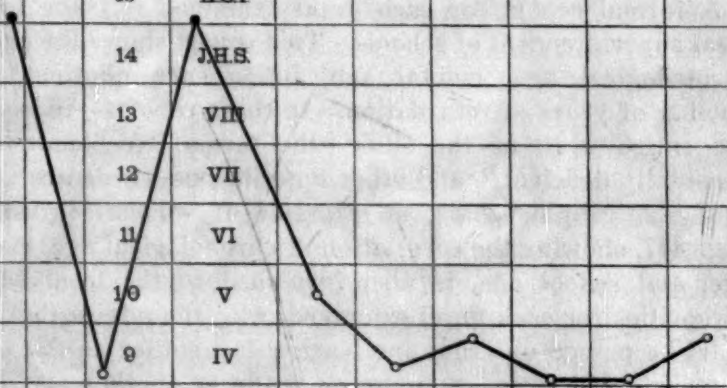
No two of these pupils are exactly alike. Their needs are different in almost every case. For instance, a girl of

[1] See *Standardized Fields of Inquiry for Clinical Studies of Border-line Defectives.* MENTAL HYGIENE, Vol. 3, pp. 566-74, October, 1919. See also *The Diagnosis of the Higher Grades of Mental Defect. American Journal of Insanity,* Vol. 70, pp. 253-64, January, 1914.

CORRELATION OF CHRONOLOGICAL, MENTAL, AND SCHOOL AGE.

NAME DATE

Chronological age	I. Q.	Mental age	School grade for present chronological age	Reading	Arithmetic	Spelling	Writing	Geography	Language
16	.63	16	H.S.II						
15		15	H.S.I						
14		14	J.H.S.						
13		13	VIII						
12		12	VII						
11		11	VI						
10		10	V						
9		9	IV						
8		8	III						
7		7	II						
6		6	I						
5		5							
4		4							
3		3							
2		2							
1		1							



thirteen, with a robust body, able to do second-grade work only—a mental age of seven—with keen sex interests, a poor home, and a mentally deficient mother, would present certain problems vastly different from those presented by a girl of thirteen, moderately hydrocephalic, markedly underweight and badly nourished, able to do third-grade work—a mental age of eight—with an obedient and conscientious make-up, no immoral tendencies, and a good home. Again a boy of fourteen, with a mental age of six, unable to do any school work, with a positive Wassermann, parents dead, and no home, would present an entirely different problem from that of a boy of twelve, with a mental age of eight, a comfortable home, intelligent parents, and no immoral or troublesome traits.

A formal report for each pupil examined is made to the local superintendent of schools. This report shows the child's chronological age, mental age, intelligence quotient, and number of years of retardation. In these reports—indeed, in the entire work of the clinic—the terms "feebleminded", "mentally deficient", and other opprobrious words are never used. A graphic chart, an example of which is given on page 477, showing the correlation of chronological age, mental age, and school age, is also furnished to the local school authorities for each pupil examined, with the advice that this chart be passed on from one teacher to another as the pupil is transferred from one room or grade to another.

The boy described by the chart on page 477 is fifteen years old. If he were normal, he would have a fifteen-year-mind and his intelligence quotient would be 100. A fifteen-year-mind generally means the capacity for doing first-year work in high school. The mental age of the boy shown on the chart, however, is on the nine-year level, and at this mental age he should be capable of doing fourth-grade school work. The application of the "school tests" shows that he is able to do fifth-grade reading and fourth-grade work in writing, arithmetic, spelling, etc. In other words, he is doing all that he is capable of doing.

The correlation chart is based upon the principle that the possibilities of school training at the different mental ages are quite definitely fixed as follows:

A child with a mental age of six years can usually do first-grade work
A child with a mental age of seven years can usually do second-grade work
A child with a mental age of eight years can usually do third-grade work
A child with a mental age of nine years can usually do fourth-grade work
A child with a mental age of ten or eleven years can usually do fifth-grade work (except perhaps in arithmetic)

Thus, when we have learned the mental age of a child, we can easily determine the grade of school work that he ought to be able to accomplish. In other words, the mental age tells what the child is able to do at a given time. A pupil is rarely able to do school work in even one grade above that corresponding to his mental age.

The mentality of 1,000 pupils examined consecutively by the clinic is given in the following summary:

Mental age	*Number*
2 years	4
3 years	13
4 years	27
5 years	66
6 years	150
7 years	193
8 years	272
9 years	173
10 years	66
11 years	20
12 years	10
13 years	4
14 years	2

The intelligence quotient shown on the correlation chart fairly predicts the mental age and school grade that the child will probably be able to reach at the age of sixteen years, the probable limit of his scholastic development. The following table shows the probable results to be expected with the different intelligence quotients:

Intelligence quotient	*Probable adult mental age*	*Probable final school grade*
30	5	Kindergarten
40	6	First grade
45	7	Second grade
50	8	Second or third grade
60	9	Third or fourth grade
65	10	Fourth or fifth grade
70	11 or 12	Fifth or sixth grade (except perhaps in arithmetic)

To sum up, the correlation chart shows the school-grade level that a pupil is theoretically able to reach at the present

time with a given mental age, the actual school performance as shown by the "school tests", and the probable sixteen-year limit of scholastic work, as shown by the intelligence quotient.

In addition to the definite facts given above, explicit constructive advice is given for each pupil. The specific advice can be classified into several main groups, as follows:

I. *"Continue in grade."*

We usually advise this for a child who is more than twelve years of age, where the mental defect is not too obvious. At this age the child is too old to be put in the special class without feeling that he is ignominiously demoted. When special classes are provided for older children with only moderate defect, this objection will be removed.

II. *"Needs special class."*

We have generally given this advice for all children under twelve years of age who are three or more years retarded. We also advise placing in the special classes children over twelve years of age who are physically unfit or who are markedly defective.

III. *"Needs manual and industrial training."*

Experience shows that backward children who succeed in life do so because they become capable of doing worthwhile work with their hands. This is really the end and aim of all training with such pupils. This kind of training begins, according to the age of the child and his mental age, with the use of pencils, rulers, crayons, water colors, paper folding, paper cutting, etc., and has for its ultimate aim actual work with tools and materials, such as carpentry work, painting, weaving, cobbling, etc. It is important that this training should be intensively carried on from the age of twelve until the child leaves school. Special classes often weary the children by long-continued use of kindergarten work, with raffia, beads, etc., for the mere making of pretty, useless designs, which to the child have little connection with the realities of life. Work of this sort, which is alright for a little child, becomes absurd for the boy or girl of twelve, or

thirteen, or fourteen years of age. For the single special class, we can visualize a room with a rough bench covered with paint pots and brushes, wood saws and other tools, with a loom, a shoemaker's bench, a sewing machine, etc. It would be a great thing to have a pile of bricks, a wheelbarrow, a chance to use a pick and shovel, etc.

The trade classes and vocational classes usually require a child to be able to do sixth-grade work before he can enter them. Feebleminded boys and girls with a mental age of nine or ten, and an intelligence quotient of from 60 to 70, who will never get beyond the third or fourth or fifth school-grade level, are deprived of the opportunities that should be furnished them in the trade or vocational schools. A moderate-sized city could well afford to have a workshop school, fitted up with lathes, looms, anvils, tools, and other appropriate working equipment for the proper training of these backward boys. We have not found it practicable to teach definite trades, but have found that as the boys soon tire of one occupation, their interest can be maintained by giving them training in the rudiments of wood work, metal work, textile work, etc. In fact, the simplest form of manual labor has a distinct educational value—the piling of bricks, the use of a wheelbarrow, etc. The main thing is to teach them how to work and to love to work.

Our experience shows that most boys of this mental age without character defects can almost always go out and get jobs at some manual work and earn their living at good wages.[1] We have to-day 160 boys who have gone out within a few years who earned during the year 1921 $130,000 in wages. We believe that this is largely because of the industrial training received during their formative years.

We cannot too strongly emphasize the need of having this workshop school conducted on a practical shop basis, with no "standards of perfection" as the aim. This

1 See *After-Care Study of the Patients Discharged from Waverley for a Period of Twenty-five Years.* By Walter E. Fernald. *Ungraded,* Vol. 5, pp. 25-31, November, 1919. See also *One Hundred Institutionally Trained Male Defectives in the Community under Supervision.* By Mabel A. Matthews. MENTAL HYGIENE, Vol. 6, pp. 332-42, April, 1922.

shop will not at all correspond to the ideal of the technically trained teacher. These boys do nothing with elaborate measurements, working to scale, or carrying out other exact work. "The best the boy can do" should be good enough.

We believe this training should be part of the daily routine of these children from the age of twelve until they leave school. After the age of fourteen, we believe that this training should constitute the great bulk of their schooling, and that if this is done, the majority of boys with nine- or ten- or eleven-year mentalities who leave these classes should be able to go directly into industry and obtain good wages. The special training in these workshop classes should be varied according to the leading industries in the various cities. In the shoe city the handling of leather and the various work processes making up the shoe industry should be taught in detail. In the textile city the spinning of yarns, the handling and weaving of yarns into cloth, the handling of cloth, etc., should be specifically taught. We know that the pupils of Waverley who have done this sort of thing go back to these cities and get jobs without difficulty.

For the girls, the industrial and vocational training is just as important, but the work to be done should follow feminine interests. Domestic science, with a full equipment of appliances and the best trained teachers, should be the basis of this work. This domestic science should begin with the simplest details of housework—the sweeping of floors, dusting, washing dishes, blacking stoves, building fires, paring potatoes, making tea, setting a table, washing and ironing clothes, making beds, etc. The equipment for teaching should not be the elaborate equipment of a college class room, but should closely approximate the conditions in the domestic life of the ordinary family. All the feminine handicrafts should be included, such as knitting, crocheting, darning, embroidery, millinery, dressmaking, weaving, machine sewing, machine knitting, etc. This training, emphasized at the age of twelve and kept up daily until the girl leaves

school, making this vocational training most of the school training after the age of fourteen, would do much towards making these girls self-supporting and self-guiding.

Every city of any size has enough boys and girls who cannot go beyond the fourth or fifth grade, and who receive nothing from school work after eleven and twelve years of age, to make a splendid, large, successful school of this sort. We shall never do our duty towards these backward children until we supply them with the sort of training that will be useful to them later in life. The parents of these children are always appreciative and grateful for this training. The expense need not be large. Simply planned quarters like a business loft would be best for the purpose. Neither is the equipment needed expensive. One instructor could handle thirty or forty pupils at one time in this workshop school, and could carry on one class in the forenoon and one in the afternoon.

The value of the training is immensely greater if the work of the children is applied to something that is needed—to the making of articles that are to be sold or used by some one. The mentally defective child has little imagination and is not stimulated by making something merely to look at.

The above provision will ultimately be made in all of our cities. Until such provision is ready for children under the age of twelve, this manual training will have to be done in the special classes; for those defective children who continue in the grades, it will have to be done in the regular manual-training classes. Anything less than one hour a day for manual training is of little account. The instructors should fully understand the mental-age limitations and possibilities of each child. The work should be simplified until it is within the comprehension of the children who are being taught. This means that it must be much simpler than the work now being undertaken in these classes. Here again "the best the child can do is good enough".

IV. "Needs social supervision and protection."

This applies to nearly every child three or more years retarded. The sum of all the experience of the school authorities should be applied to the home and community life of the child, as well as to his school life until the age of sixteen, when he passes out of the control of the school authorities. The parents need to be informed as to the limitations and possibilities of their backward child, to be warned of his suggestibility, and of the great need for supervising his associates and habits during his formative period. The teacher of the school class can often utterly transform the life of a misunderstood child of this sort by explaining him to his parents and by pointing out where he needs special help and consideration. In certain homes, the parents should be instructed as to the sort of physical care that the child needs. The defective boy over fourteen needs a great deal of supervision out of school to prevent him from joining the wrong "gang" and to protect him from forming wrong habits. The parents of every backward girl should be urged repeatedly to protect the child from sex dangers and sex experiences. In talking with parents of the sex dangers to which defective girls are liable, it should be emphasized that the girl herself is not necessarily a moral menace, but that she should be protected from her lack of knowledge and intelligence and from having advantage taken of her. She needs more protection than the ordinary girl, especially at the period of puberty. We regard the opportunity for social supervision, interpreted in a wide sense, as one of the most important results of the school clinic. As a rule, the parents and the family are quite unaware of the child's limitations and of the special consideration and help that he will need until he is past adolescence. Much of this work can be accomplished by the school nurse or the attendance officer or other school officials, and especially by the child's teacher. We have found that such persons are often able to enlist the interest and assistance of the church or of altruistic men or women who are only too glad to show a long-continued interest in a problem of this sort.

V. "The child may become delinquent."

We are struck by the small, but persistent group of cases, found in all the cities, in which the child is reported as "quarrelsome", "stubborn", "passionate", "disobedient", "resentful of authority", and as lying and stealing. Several of the above traits, added to mental deficiency, mean that unless this pupil is most wisely understood and cared for, he will become delinquent at an early age. It is much easier to prevent delinquency than it is to cure it. Children who show the above characteristics should receive special social supervision and protection and assistance. The school authorities have the opportunity to confer with the welfare agencies, etc. It is probable that a large number of potential delinquents can be early recognized in the schools and adequately treated at the only time when future criminality can be prevented.

VI. "Needs medical attention."

The physical examination given each child naturally reveals many minor disabilities and conditions which should be referred to the proper clinics or to the proper physician.

We have merely indicated above the general scope of the specific advice given in individual cases. There is an infinite variety of advice given, such as: "Has probably reached his limit in scholastic work", "Intelligence not high enough for special class", "With this intelligence should be capable of doing (second or third or fourth) grade work", "Should get a paying job as soon as possible", and the like.

In accordance with the law, for each pupil found to be "three years or more retarded" a special report is made to the state department of mental diseases on a card giving the principal facts in the ten fields of inquiry, thus adding to the official census of the feebleminded in Massachusetts which is maintained by the department. In a few years this census will contain definite data as to practically all the feebleminded in the state, and will be the basis for an intelligent working out of a consistent program for the assistance, control, and supervision of the feebleminded of Massachusetts. This program may be summarized as follows:

"All of our experience with the feebleminded indicates that if we are to manage adequately the individual defective, we must recognize his condition while he is a child and protect him from evil influences, train and educate him according to his capacity, make him industrially efficient, teach him to acquire correct habits of living, and when he has reached adult life, continue to give him the friendly help and guidance he needs. If conditions are right, he may live at home and receive his training in the rural school or in the special class. If he is actually a social menace, he will need the institution. These advantages should be accessible to every feebleminded person in the state and not to a few favored persons. The rights of the feebleminded person and of his family should be guarded jealously, as well as the rights of society."

PERSONALITY IN THE MENTAL DEFECTIVE, WITH A METHOD FOR ITS EVALUATION*

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THAT man has attained his present level of civilization and is able to live and work among his fellow men with the least degree of friction and the greatest amount of coöperation means that he not only possesses certain capabilities or assets of an intellectual value, but that, in addition, he has developed a facility in adjusting his behavior and reactions, which enables him to take his place as a cog in the machinery of industrial and social life and thus qualify for the credit rather than the debit column of the balance sheet of human efficiency.

Human efficiency depends upon the adjustment to three groups of factors—namely, in the order of their importance, instincts, emotions, and intelligence. It is not my intention to speak disparagingly of the value of intelligence, but it is my aim to indicate the significance of instinctive and emotional factors. Such primitive strivings and forces as these are certainly factors to be reckoned with, and it is their presence that necessitates adjustments. On the other hand, it is the incentive furnished by such fundamental dynamics that makes life what it is. Energy, ambition, competition, altruism, love, friendship, longings, cravings, hope, and so on are a part of instinct and emotion. They constitute the springs of human endeavor and behavior. Whether the endeavor and behavior are good, bad, or indifferent depends on the types of adjustment to these fundamentals.

This world would be in a chaotic state if we all followed the

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dictates of our instincts and emotions. Yet all of us are born with them and show them in no uncertain manner in the various stages of our individual evolution. How are adjustments brought about? By precept and example, by trial and error, by punishment and reward, by training and self-discipline, do we develop a train of useful or faulty adjustments. How much part heredity plays in the various types of adjustment is an unsettled question, but personally I am willing to believe that these adjustments are more a matter of parental example and environmental influences than of parental chromosomes and inherited characteristics.

Behavior consists of action and reaction. Action and reaction depend on instincts, emotions or feelings, and purely intellectual forces. It is within the scope of this paper to consider how behavior may be modified by instinct and emotion. The mechanism by which action or reaction takes place may be termed an adjustment. The action or reaction may make for successful or unsuccessful social adaptation, depending upon whether the adjustment is such that it falls within or without certain social limitations or standards.

Action and reaction may be initiated at a conscious level, but if they be persisted in, in certain set ways, they attain an automatic value, are established as habits, and then take place subconsciously. We may therefore refer to successful or unsuccessful adaptations as the results of correct or faulty habits of adjustment.

When we come to consider the question of adaptation relative to the mental defective, we are at once impressed with the fact that those cases that are not committed to an institution until they approach maturity almost invariably are discovered to be feebleminded as the result of an investigation into some behavior disorder. We know further that there are other defectives, of the same intellectual level, who are at large in the community and able to fill a useful niche in the social and economic organization. Why is one in need of institutional care, while the other is able to live satisfactorily in the community? Plainly it is not a matter of intellectual endowment. It is, however, a matter of behavior. To understand behavior, we have to consider, among other things, the personality.

The personality represents the sum of the facilities for adaptation. A study of the personality will disclose what assets and liabilities the individual possesses. It reveals with what kinds of adjustment he meets his fundamental yearnings, strivings, and feelings. To be complete, a personality study must not only be an academic enumeration of various traits, but, in order to furnish a constructive basis, it must be interpreted in terms of reaction to underlying and fundamental emotional and instinctive forces.

My aim in advocating personality studies of mental defectives is manifold:

1. Such a study places the intellectual level and the physical age and condition in their proper setting; in other words, it gives us a mental photograph of the individual.

2. It enables the examiner to secure an insight into underlying motives.

3. It enables one to grasp the significance of behavior in relation to underlying motives or feelings.

4. It places prognosis as to future conduct, deportment, and economic efficiency on a firmer foundation.

5. It supplies suggestions as to tactful management and hints as to the amount of supervision advisable.

6. It points to the weak spots in character which may be strengthened or reconstructed by selected methods of training.

In preparing a guide for the study of the personality of the defective, I have taken advantage of the pioneer work on personality by Hoch and Amsden. Dr. Amsden is now continuing this work at Bloomingdale Hospital, and it is largely through his friendship and invaluable aid that I have been able to revise the present method of studying personality among mentally diseased patients to suit the needs of the feebleminded.

This guide[1] is formulated to assist in the study of the higher-grade defectives—preferably those with a mental age of seven or over. These are the types that present problems of adjustment not solely dependent upon intellectual capacity.

In devising this scheme, it seemed essential to give consideration to certain important side issues—namely, to limit-

[1] See pages 492–96.

ing the amount of time required for its application and to putting it in such form that a concise, practical, and interpretative summary would be facilitated, without, on the other hand, detracting to any extent from its value as an exhaustive analysis of character.

To meet these requirements, the personality was dissected, as it were, into several components. These were as follows:

A. Intellectual characteristics
B. Sense of responsibility
C. Industrial efficiency
D. Output of nervous and muscular energy
E. Habitual reactions to inferiority
F. Sociability
G. Conduct and behavior
H. Mood
I. Reactions related to mood
J. Special aptitudes and interests
K. Unique and pathological traits

It was then possible to define two or more types with reference to each of these components, characterizing each type by a group of descriptive traits.

With such a scheme at hand, it is a simple matter to check under each division the types that describe the characteristics of any particular case, and, using this as a guide, to obtain a summary of the whole personality in a very short period of time.

Now, to take up the guide in detail, it is seen that Section A deals with traits of an intellectual nature. These traits serve as valuable adjuncts to the mental age. Although there are psychological tests for determining them in a laboratory fashion, it would seem advisable to note one's general impression in regard to them obtained from observation of the patient in his everyday, practical demonstration of them. In reference to these special traits, it was found that there were three different types of individuals possible.

In Section B the sense of responsibility is estimated. This, although in many cases dependent on intellectual ability, in

others seems to be more or less independent of mental age. It was possible to describe three different types of defectives under this heading—Type I, those who are actively irresponsible; Type II, those whose sense of responsibility is undeveloped and dependent on their intellectual defect; and Type III, those who have a fair sense of responsibility.

Section C deals particularly with the thoroughness and efficiency of the patient's industrial application. This is not wholly dependent on mental age, as it has been frequently observed that patients with the same intellectual level vary considerably in the matter of industrial efficiency. There were three types definable under this section.

Section D deals with those traits related to the output of nervous and muscular energy. These are quite important, as industrial efficiency is often more or less dependent upon them. They may also be modified by the prevailing mood. It was possible to describe four types here.

Section E evaluates one of the most important components of the whole personality. It deals with the reactions of the defective to his inferiority. The matter of individual inferiority is a weak spot with us all, as we all cling to the idea that we are born free and equal, with the emphasis on the equal. If one has a feeling of inferiority, irrespective of its origin, and irrespective of whether the inferiority be real or imaginary, one may react in one or more of several possible ways to it. These are indicated by the five types described in this section.

When we realize what the life of the average defective is, it is not unreasonable to believe that he has some appreciation of his inferiority. Whether he openly admits it or not is inconsequential. For that matter, it is not an outstanding characteristic of any normal individual to advertise a feeling of inferiority, if he perchance happens to be handicapped thus.

Another important consideration of the inferiority complex is that feelings of this sort may not only be hidden from outside recognition, but in addition not be accepted by the individual himself. When this happens, he may react in a com-

pensatory, defensive, or evasive fashion, as outlined in Types I, II, III, and IV under this section.

Under Section F, individuals may be classed in one of three ways in relation to their amiability and sociability. These more or less gauge the ability of the patient in his social adaptations.

Section G also deals with social adaptability, but more in relation to conduct and behavior. There are four different types of individual in this respect. In passing, it should be pointed out that it is essential for purposes of supervision and prognosis to estimate accurately what types, if any, of antisocial behavior are peculiar to any one defective. Such types are indicated in Types II, III, and IV.

Sections H and I deal with traits of considerable importance to social adaptation, behavior, conduct, and industrial efficiency. Section H includes six types of individual with reference to their prevailing moods. Section I is more or less dependent on Section H and comprises two types descriptive of reactions closely related to the prevailing mood.

Sections J and K, although of importance in selected cases, would not lend themselves to any distinct subclassification, due to the fact that there are so many possibilities. Under Section J a few hints are set forth which may be of value in indicating specialized educational efforts.

Under Section K are enumerated traits of an unusual or pathological nature that would tend to indicate a neurotic or psychotic state in addition to the initial intellectual defect.

The Guide

SECTION A

Traits That in a General Way Tend to Indicate the Subject's Intellectual Characteristics

Type I. Dull, slow to learn, no spontaneous interests, judgment and planning capacity poor.

Type II. Moderately alert, learns fairly easily, no spontaneous interests, judgment and planning capacity immature.

Type III. Alert, bright, quick to learn, spontaneously interested, good judgment and planning capacity.

SECTION B

Traits That Tend to Indicate the Sense of Responsibility

Type I. Actively irresponsible, heedless, contemptuous attitude. Unconscientious, not orderly, unwilling to be helped, heedless of the rights of others, and contemptuous of the usual standards of social and economic fitness.

Type II. An undeveloped sense of responsibility. Lacking in conscientiousness and unappreciative of the rights of others. An undeveloped sense of social and economic standards. Not unwilling to be helped, but unable to help themselves in any spontaneous, consistent, constructive fashion.

Type III. Fair sense of responsibility, conscientious, orderly, appreciative of the rights of others, and realizing the necessity of conforming to social and economic standards. Willing to be helped, and ever ready to take advantage of anything in order to help and improve themselves in a constructive way.

SECTION C

Traits That Tend to Indicate the Industrial Efficiency of the Individual

Type I. Thoroughgoing, steady, and persistent in application. Requiring more or less constant direction.

Type II. Thoroughgoing, industrious, steady, and persistent in application. Requiring practically no direction.

Type III. Superficial, careless, poor in application, and unsatisfactory even with constant direction.

SECTION D

Traits That Tend to Indicate the Amount of Nervous and Muscular Energy

Type I. Slow, deliberate, unhurried, with little or no initiative.

Type II. Inactive, sluggish, desultory, lazy, no initiative, and easily fatigued.

Type III. Active, energetic, quick, consistent, considerable spontaneity and initiative.

Type IV. Variable activity—at times sluggish and indolent, at other times overactive and tense. Active by fits and starts.

SECTION E

Traits That Tend to Indicate the Types of Habitual Reaction to Subject's Inferiority

Type I. Compensation-reaction type (boastful, expansive, overconfident, play for attention, trouble makers, sex and stealing delinquencies).

Type II. Defensive-reaction type (stubborn, unwilling to follow advice, sensitive to criticism).

Type III. Defensive-reaction type with secondary elaboration (paranoidal types, suspicious, discerning hidden motives, feelings of self-reference, mild persecutory notions).

Type IV. Evasive and neurotic-reaction type (hypochondriasis, sympathy seekers, capitalization of physical feelings and discomforts, blaming circumstances and others for own faults and mistakes).

Type V. Devoid of reactive tendencies, with the exception of a lack of self-confidence.

SECTION F

Traits of Especial Significance to the Individual in His Social Adaptation, with Particular Reference to Amiability and Sociability

Type I. Amiable, friendly, sociable, facility in making friends, gregarious.

Type II. Amiable, but reserved, slow to make friends, not actively gregarious, but yet not actively solitary.

Type III. Shut in, distant, unfriendly, self-centered, and actively solitary.

SECTION G

Traits of Especial Significance to the Individual in His Social Adaptation with Particular Reference to Tendencies Socially Unfavorable and Those Clearly Antisocial.

Type I. Quiet, well conducted, well mannered, respectful, coöperative, easy to get along with, no active delinquent tendencies.

Type II. Same as Type I., but in addition naïve and easily influenced or led into sexual discrepancies, stealing, or other antisocial behavior.

Type III. Boisterous, loud, ill mannered, difficult to manage, actively seeking delinquencies of a sexual or other nature.

Type IV. Ingratiating, cunning, deceitful, underhand, undependable, untruthful, with delinquent potentialities.

SECTION H

Traits Especially Related to the Prevailing Mood

Type I. Cheerful, and happy in a simple, quiet way.

Type II. Cheerful, and happy in an aggressive and spontaneously active way, heedless of the feelings of others and loudly and boisterously exuberant.

Type III. Phlegmatic and indifferent.

Type IV. Grave and serious, but not depressed.

Type V. Depressed, unhappy, and pessimistic.

Type VI. Variable mood. At times cheerful and happy in a spontaneous, aggressive fashion, at other times unhappy and depressed.

SECTION I

Traits of a Reactive Nature, but Closely Associated with the Prevailing Mood

Type I. Good sense of humor, even-tempered, stable, patient, and complacent.

Type II. Poor sense of humor, emotionally unstable, impatient, fault-finding, irritable, quick-tempered, sullen, and sulky.

SECTION J

Evaluation of Traits, Interest, and Aptitudes That, Owing to Their Intrinsic Nature, May Especially Favor Specialized Educational Efforts in Behalf of the Subject

1. From what does the subject get his deepest satisfaction?
2. What are his leading interests in work?
3. What forms of diversion, play, or entertainment most appeal to him?
4. Has he any special aptitudes?
5. Is he religious?

SECTION K

Unique and Pathological Traits

Odd or peculiar habits, mannerisms, episodic behavior, fears, doubts, compulsions, syncopes, stuttering, tics, abnormal dreams, somnambulism, delusions, and hallucinations.

ADDENDUM

In order to illustrate how a guide of this sort may be of practical value in assisting in the study of defectives, I shall cite just two cases.

M. J., a girl eighteen years old, has a mental age of nine years. She is alert, bright, quick to learn, is spontaneously interested, has some ability to plan, and her judgment is quite good. She is thoroughgoing, industrious, persistent in application, and requires practically no direction in her work. She has a good sense of responsibility, is conscientious and appreciative of the rights of others, realizes the necessity of conforming to social and industrial standards, is willing to be helped, and makes a good effort to help herself. She is deliberate, unhurried, and has a certain amount of initiative.

She is amiable, friendly, and sociable. In behavior she is quiet, well conducted, well mannered, respectful, coöperative, easy to get along with, and has no active delinquent tendencies.

As to mood, she is cheerful and happy in a simple, quiet way. She has a good sense of humor, is even-tempered, stable, patient, and complacent.

There seems to be no reason to believe that she would be unable to adjust herself to meet the demands of social and industrial life.

Another case, on the eleven-year level—a level that by itself would warrant the assumption that such an individual could do almost any sort of domestic work—is a girl nineteen years old.

She is uninterested, slow to learn, with poor judgment and planning capacity. In her work she is superficial, careless, poor in application, and unsatisfactory even with constant supervision. She is actively irresponsible, heedless, unconscientious, untidy, disregardful of the rights of others, unwilling to be helped, and contemptuous toward the usual standards of social and economic fitness. She is inactive, lazy, sluggish, desultory, and displays no initiative.

She defends her inferiority by a marked stubbornness and

unwillingness to follow advice, and furthermore unconsciously tries to excuse it by capitalizing her physical aches and discomforts in an evasive way. Her defense mechanism goes so far as to make her shut in, distant, unfriendly, and self-centered.

She is boisterous, loud, ill mannered, disrespectful, quarrelsome, uncoöperative, and definitely of a delinquent type. Together with this, she is more or less cunning, ingratiating, deceitful, and untruthful.

As to her mood, she is of a depressed, unhappy nature, with a poor sense of humor, emotionally unstable, quick-tempered, sullen, and irritable.

This description certainly makes it plain in what fields this patient's maladjustments lie.

Conclusion

In conclusion it is to be emphasized that this guide is designed not alone to classify or "label" the individual, but to supply information that may serve as a starting point or a working basis for constructive effort. Just what plan one may profitably pursue in any one case depends entirely in what sphere of the personality the defect lies. A sluggish, dull, uninterested attitude in a high-grade defective may indicate an underlying physical defect. A defensive type of reaction to an inferiority complex might suggest a management of the case planned to develop a certain amount of self-assurance and self-confidence.

It should be stated that practically all constructive efforts calculated to reinforce character defects of the mental defective have to be made through environmental changes, adroit direction, and habit training, rather than by direct discussion with the patient himself; the latter would resolve itself into a matter of futile efforts and misdirected energy.

It is clearly recognized that this scheme is beset by a variety of imperfections, which, however, may be ironed out by experience gained from its practical application. It is clear that knowing merely the mental age of a defective tells us little as to the possibilities of that individual. Whether he will be able to use to advantage what intelligence he has will depend upon other factors in his personality, and if this tentative guide helps to stimulate personality studies among the feeble-minded, it will have served a good purpose.

SOME OF THE PSYCHOLOGICAL MECHANISMS OF HUMAN CONDUCT*

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UNTIL a comparatively recent period, the individual who showed aberrant behavior traits was looked upon as an outcast from the social group and was made to pay a heavy penalty for being different from his fellows. Within the last two decades, however, a radical change has taken place in the community attitude toward the individual who does not conform to its customs and standards of conduct. Two factors contributed more than any others to bring about this change. The first was the recognition of insanity as a form of disease and the equipment of hospitals for the care of the mentally sick. The second was the development of modern psychology, with its refutation of the old philosophical doctrine of freedom of the will and its conception of the human individual as an organism able to react only within the limits of instinctive, emotional, and intellectual endowment.

The scientific knowledge from both these sources has gradually been disseminated through the community and by a slow process of education has built up a change in the attitude of the group toward its aberrant members. In place of the old tendency to condemn and punish the psychotic, the psychoneurotic, the social radical, the laggard in school, the delinquent, or any other individual who did not strictly conform to social standards, there has come a questioning attitude, a tendency to wonder whether this atypical personality might be ill or mentally deranged, and a desire to know the cause of his peculiar behavior.

This new attitude of the community has placed upon the

* Read before the New York Academy of Medicine, Section of Neurology and Psychiatry, January 10, 1922.

medical profession, particularly upon the neuropsychiatrist, increasing responsibilities. To him the community looks for guidance in the treatment of conduct disorders. He finds among his patients, in addition to the frankly insane and psychoneurotic types, an increasing number of individuals with delinquent tendencies, children who cannot get on in school, industrial misfits, and many other perplexing problems. Confronted with this wide variety of patients, the neuropsychiatrist has need of every available method of diagnosis and therapy. The neuropsychiatric problems created by the stress and strain of the situation in the late war brought home to every member of the profession a realization of the necessity for a knowledge of all the data that could throw light on behavior disorders, and a recognition of the inadequacy of knowledge of anatomy and physiology alone. In view of these new needs of neuropsychiatry, it is pertinent to consider how much information the new dynamic psychology offers that is relevant to these problems.

Many of the patients with whom the neuropsychiatrist is confronted and whose peculiar conduct he is asked to diagnose and treat are, of course, personalities of a definitely psychotic make-up, and present only a psychiatric problem. But many others are border-line cases, who can be treated intelligently only in the light of that broad understanding of human behavior which modern psychology offers. It is, therefore, relevant to the existing situation to summarize the psychological data on this point and to outline briefly some of the principles and mechanisms that would seem to govern human conduct.

At birth, the individual is equipped with certain innate tendencies to action. These activities are manifested in response to the proper situations, which may consist of either internal or external stimuli. These innate tendencies to response are not eradicable from the personality, but their form of expression is capable of modification. These inherited tendencies to response are the instincts, and their activity is always accompanied by an affective element known as the emotional reaction. Primarily, the instinctive and emotional responses of the organism are conducive to a state of pleasantness and a feeling of satisfaction and well-being, while the

inhibition or thwarting of these tendencies is a source of an unpleasant feeling-tone which tends to produce a general restlessness and sense of dissatisfaction. In obedience to this pain-pleasure principle, there is within the organism a natural tendency to allow free play to instinctive and emotional activities. But racial and individual experience have taught that even though the exercise of these innate tendencies may in itself be pleasurable, their uninhibited activity may be followed by exceedingly painful consequences. Thus the individual learns to subdue the desire for immediate pleasure in order to avoid the resultant unpleasantness, and learns to endure some painful circumstances in order to obtain a greater ultimate pleasure.

The repression of the instinctive and emotional impulses at their natural biological levels in obedience to the pain-pleasure principle may give rise to some important psychological mechanisms. The energy diverted from its primary motor expression flows over into other channels and produces other activities than those to be expected of the original tendency from which it is derived. It may find an outlet in various overt activities which become infused with an affective tone similar to that which would accompany the natural expression of the inhibited instinctive act. Or it may give rise to a train of imagery which forms dreams and daydreams, or becomes associated in literary form or in works of art. When the environmental situation offers no opportunity for adequate expression of the instinctive and emotional impulses, or when their expression results in too much pain, the daydream and fantasy become the chief method of response. This type of wish-fulfilment for the instinctive and emotional desires involves a flight from reality, in which the actual external situation is distorted or replaced by imaginary creations more in harmony with the desires of the personality. This flight from reality is seen in its extreme form in the mental mechanisms of psychoneurotic patients and even in some of the delusional and hallucinatory experiences of patients with psychoses.

The instincts and emotions with which the human individual is endowed, and which operate in his behavior, subject to the laws of pleasure and pain, would seem to be of three main

types. The first type may be said to include those activities which tend to preserve the individual. These consist of three instinctive tendencies with their concomitant emotional reactions:

1. The instinctive tendency to seek food and the feeling of hunger.
2. The instinctive tendency to flee from dangerous situations and the emotion of fear.
3. The instinctive tendency to fight and the emotion of anger.

The second group of instinctive and emotional reactions is composed of activities that tend to racial preservation. These are also threefold:

1. The reproductive instincts and the sexual emotions.
2. The parental instincts and emotions.
3. The gregarious instinct (the tendency to act like other members of the group) and the emotion of the herd.

The third class of instinctive activities may be characterized as those that aid the individual in adapting himself to his environment. These are:

1. The instinct of manipulation and the feeling of curiosity.
2. The instinctive and emotional responses included under the term play.

The food-getting instinct is the first to manifest itself in the life of the individual. The infant comes into the world with the sucking reflex ready to function. This is the earliest activity that occurs, aside from breathing and the other vegetative functions of the organism. The first recognition of the mother is as the source of food. The mother becomes a food symbol to the infant by the same conditioned-reflex mechanism that Pavlov found in his experiments with animals. The importance of this bond for the later development of the child cannot be overestimated. Throughout childhood the mother is normally the source of food and protection and is thus the object of a peculiar attachment. During adolescence this attachment must be gradually dissolved before the individual can enter upon the normal independent existence of the adult. Thus at this stage of the child's life there develops an ambivalent feeling toward the mother, composed of a desire to remain within the sheltering maternal circle and an oppos-

ing wish to escape the domination of the mother and achieve freedom for the personality.[1]

The economic and sociological implications of the food-getting activities of man are manifold. Hunting, fishing, agriculture, barter and exchange, all grew out of the necessity of obtaining food. Hunger played so important a rôle in the life of early man that it molded his religious rites and ceremonies. As the primitive conception of God grew out of the matrix of man's own feelings and desires, so he pictured his deities as demanding sacrifices in the form of food. The influence of hunger can be seen in modern times in the attitude of the conquered European countries toward their more prosperous victors. The necessity of obtaining food from the former enemy is stronger than hatred and the desire for revenge.

After the early manifestations of the food-getting instinct, the next instinctive reactions to appear in the child are those of fear and anger. Either one of these reactions may be incited by similar situations. Whether the individual responds to dangerous stimuli by avoiding reactions or aggressive behavior is dependent in part upon his own physiological condition, personality make-up, and previous experience, and in part upon minute variations in the stimulus situation. The child who is born with some organic deficiency is apt, as he grows older and becomes more self-conscious, to be fearful in attitude because of the feeling of inferiority that his biological insufficiency naturally induces. This sense of inferiority is increased or decreased according to the treatment that the child receives at the hands of his parents and other associates. If the parents and teachers prove critical of all his efforts, the feeling of inferiority is deepened and there is a tendency to become afraid in all situations. But if parents and teachers encourage wisely, the feeling of inferiority may be somewhat overcome and the child may learn to attempt to master the difficult situation instead of fleeing from it.

Very often the feeling of inferiority carries with it its own antidote, for there is a tendency to attempt to rid oneself of this unpleasant feeling by making every effort to demonstrate

[1] This is well brought out in Björkman's *The Soul of a Child*. New York: Alfred A. Knopf, 1922.

one's superiority over one's fellows and over environmental difficulties. In other words, the individual compensates for his fearfulness and sense of inferiority by the development of a superimposed aggressive attitude. This psychological mechanism has been amply described by Adler, who characterizes it as the feeling of inferiority and compensatory will to power. The will to power may become so strong in the individual as to dominate his entire behavior. It is frequently seen in persons who are placed in authority in political, educational, and industrial fields, being manifest not only in their struggles to obtain such positions, but also in their attitude toward subordinates and even toward those who have been instrumental in securing them their authority.

Under extreme stress of circumstances, these compensating mechanisms break down, and there is a reversion to a type of conduct in which there is complete fear control. This was well demonstrated in the war neuroses, in which the fear of impending danger could no longer be repressed and the reaction became such as would insure the individual's removal to a safer place.

Fear has held an important place in the social life of man. The taboo control of the primitive group was based almost entirely upon this motive. Religion, in its earliest stages, had its genesis in fear. Primitive man had a spiritistic interpretation for all natural phenomena that he did not understand, and his desire to propitiate these forces was born of terror. The laws and religious beliefs that grew out of these primitive taboos and superstitions held no less an element of fear. Modern society is also dependent to a great extent on fear control.

Although anger is in a sense an ambivalent reaction to fear, in that the first fear response to a situation often tends to pass over into anger and aggressive behavior, it has not been so powerful an influence as fear in the development of the individual or of the race. The activities of man have been prompted by the desire to escape from fearful situations much oftener than by anger. Fear of punishment has been one of the strongest motives controlling the criminal passions of mankind. It has been a dominant factor in the relation of individuals and of nations. Fear of destruction has prompted

manipulation of the environment to make it more suited to men's needs. Although it has thus been an incentive to force humanity on the path of progress, it has also been at times an obstacle to social evolution. The fear of becoming a social outcast through difference from other members of the group may quite easily act as a check to inventive genius, and in this manner retard the advancement of civilization.

Powerful as are the self-preservative tendencies of hunger and fear, the racial instincts are no less important motives of human conduct. It was not until the work of the psychoanalytic school that the full implications of these tendencies became known. To the psychoanalysts belongs particularly the credit for investigations that resulted in new and enlightening knowledge of sex psychology. Previously, sex had been considered as of comparatively late development in the instinctive and emotional life. But psychoanalytic studies have shown that this instinct has manifestations even in the infancy period, and that many of the sexual abnormalities of adult life are due to regressions to these infantile erotic traits or to failure of proper development of the erotic tendencies. The polymorphous-perverse tendencies of the child's sex life and their relation to sexual pathology in adults have been discussed at length by Freud and his followers and need not be entered into in detail here.

The sex instincts and emotions have played an important part in the cultural history of the race. Social customs and religious observances have always united to enforce the repression of the sex life at its biological level, except within certain sanctioned limits. Many of the primitive taboos grew up in the attempt to subordinate the sexual desires of the individual to the demands of the group. The energy thus prevented from its natural outlet found substitute expressions in reinforcement of activities along other lines. In those gifted with special abilities, the sexual cravings found expression in the arts. Musical rhythm, picture making, dancing, folklore, all received a strong impetus from repressed erotic desires which found partial fulfilment in these vicarious activities. Modern art and literature offer no less a means for gratification of the sexual cravings repressed along biological lines.

While repression of the sex tendencies has thus been of

some advantage to the race in that it subserved the interests of art and culture, in the life of the individual it has often proven injurious. From mere daydreaming and sexual fantasies to incapacitating neuroses, the repressed sexual desires impair the physical and mental efficiency of those who lack special abilities that would enable them to sublimate their sexual cravings along useful lines. Even antisocial traits, from mere perversion of the natural biological instinct of sex to conversion of its energy into pathological lying and stealing or into sadistic outbreaks that may sometimes end in murder, may be traced to abnormal development of this instinct, or to its failure to find normal or sublimated expressions.

The knowledge of sex psychology which has led to the understanding of its influence in the history of the race and of the individual has also led to a relaxation of social control in this field. The group is gradually becoming more tolerant of the member who deviates from its sexual customs. This is well shown in the change in attitude toward the unmarried mother and her child. Where once these unfortunates were considered beyond the pale of social recognition, there has been a steady movement toward their reinstatement which has even found expression in legislation for the purpose of legitimatizing the child born out of wedlock. The old ascetic ideals, which tolerated the sexual instinct only in the service of reproduction, are losing their hold, so that such topics as birth control are more or less freely discussed and legislation permitting the dissemination of this knowledge is openly advocated.

The parental activities are by their very nature closely connected with the reproductive instincts. Home-building grew out of the necessity of providing shelter for the mate and the child. The first social unit was probably the family group and the clan. Many personal sacrifices are made in obedience to the promptings of the parental motives. These sacrifices are facilitated by the very nature of the instinct. The parent unconsciously identifies the self with the child, as a part of that striving for perpetuation which is also expressed in the belief in immortality. This identification with the child is useful in so far as it causes the parent to subserve personal interests to those of the offspring. It is detrimental when the parent

forgets that the child has a separate individuality, and attempts to interfere with the natural developments of its personality. Therefore, although the self-identification of the parent with the child is advantageous through the infancy period and early childhood, it is handicapping in the later years of adolescence, when the child should be permitted to work out its own vocational interests, friendships, and emotional attachments.

There is indeed no other single factor that has so much influence on the development of the personality as the parental environment. On the attitude of the parents, the child models not only his reactions to them, but to the rest of the world. The father who assumes a dominating attitude toward his children causes them to become antagonistic not only to his rule, but to all other forms of authority, so that their attitude toward the school, the church, and the whole social organization is apt to be decidedly defiant. On the other hand, the father who is too tender with his daughters may develop in them a fixation on himself that will prevent the transference of their affection at the proper time for mating, or will cause them to select a mate possessing traits like the father's, regardless of suitability in other respects. So, too, the mother who lavishes an undue amount of love and caresses on the son binds him to her with ties that prevent a normal functioning of his mating instincts in later years. Too much maternal affection is harmful to both sons and daughters in another respect, as it is liable to interfere with the development of self-reliance and render them unfit to meet the situations of adult life upon their own initiative and responsibility.

The wise parent, therefore, must learn to check the emotions that would prompt him to love his children too intensely, or to manifest his affection in ways that protect the child for the present moment, but leave him more open to injury at some later date when the parental shelter is no longer at hand and when he is confronted with situations that call for training in independent judgment and self-reliance. Moreover, the parent must forego the joy of seeing the children accomplish those things which he had hoped to do himself, and allow them to seek out for themselves the vocations and avocations to which

they are best adapted. These are the real sacrifices which the fulfilment of parental duties requires.

The herd instinct is the impulse to be with one's fellows, to act and even to think as they do. One of the chief causes of unhappiness is the feeling that one is set apart from one's companions by some peculiar characteristic. It is to the desire to conform to the group standard as much as to fear that we owe obedience to social laws and customs. Exclusion from the group has long been the accepted punishment for those who transgress its laws, and this exclusion forms the basis of the modern criminal code.

It was the operation of the gregarious instinct and emotion that united the family groups into larger communal organizations. These larger groups were superior to the family in hunting, in warfare, and in many other activities of importance for survival. But although gregariousness was of vital importance in the history of the race in this manner, in other ways it tended to impede progress by suppressing individual differences and by forcing the genius to conform to the group average. Thus not only were criminal tendencies suppressed in favor of the group, but creative faculties were also subordinated to this tendency to regard with suspicion any deviation from the norm. The great leaders of religion and science were often persecuted because they aroused the instinct of the herd by their deviation from the mass.

The unreasoning nature of the gregarious impulse can be seen equally well in modern life. Enthusiasm for the late war was in large measure created by propaganda appealing to this emotion. At the present time the country is just as eager to hold conferences in the interest of preserving peace. Just as, "Make the world safe for democracy!" was formerly the voice of the herd, so now its cry is, "Save the world by disarmament!"

The development of the hand in the higher primates and in man has been accompanied by what would seem to be an instinctive tendency to handle the objects of the environment, to twist them into various shapes, and to put different objects together to form new ones. It was this manipulative activity that was the source of the earliest inventions of mankind, and it is the more complex expression of this instinct that has

produced the miracles of modern civilization. The emotional impetus back of these manipulative activities is curiosity. The desire to discover new laws and invent new methods of control is the spirit of scientific research. Modern scientific medicine owes its existence to the workings of this form of curiosity.

The manipulative activities are pleasurable so long as they are utilized in the service of the spirit of curiosity. When they become routine in nature and offer no further satisfaction for this emotion, they become automatic rather than instinctive in character. Work performed at this lower level lacks interest and often assumes an unpleasant affective tone. Modern industry for the most part demands only routine labor and in this respect, as in many others, is ill suited to human emotions.

Although there is much discussion as to whether play is really instinctive, the consensus of opinion considers that there is a natural tendency for the surplus energy of the organism to flow over into spontaneous activities known as play. In play, the individual repeats the history of the race. The boy who goes hunting and fishing is repeating the story of his ancestors. At the same time that play recapitulates ancestral experience, it prepares for the serious duties of life. The girl playing with her doll is not only mothering it as women have mothered their infants from time immemorial; she is also developing tendencies that will be useful when she actually becomes a mother.

Group play inculcates in the participants a spirit of fairness which has a strong influence on the development of ethical relationships in general. Fair play is a slogan in every field of human endeavor. International sports, such as the revival of the Olympic games, tend to remove racial prejudices and antagonisms and to promote better understanding between nations. They are perhaps more effective methods for promoting peace than conferences and secret treaties.

Although these instincts and emotions which are inherent in human nature have been described separately, it must be borne in mind that they do not act alone, but in antagonism to or in reinforcement of one another. It is obvious that in situations of a nature to rouse both fear and anger, one mode

of response must be suppressed in favor of the other. It is impossible for the individual to flee and to fight at the same time. Again, fear unquestionably inhibits sexual expression.

On the other hand, many of the complex activities of the organism are the result of the synchronous operation of two or more instinctive and emotional tendencies. If we analyze such an activity as home-building, we shall find an interaction of the parental and reproductive instincts, plus fear in the form of the desire for self-preservation. In that ordinary social activity, the dance, there is opportunity for the exercise of the tendencies of play and gregariousness and of sublimated sexual impulses. In war, the instinct and emotions of the herd hold sway, together with fear and anger in an ambivalent relationship in which first one and then the other finds expression in overt action. The fear of group destruction is a powerful incentive in rousing the instinct to fight. A more remote motive of war is that of food-getting in its economic aspects. Economists and sociologists have repeatedly pointed out that scarcity of food supply is one of the chief causes of war. Many other human activities could be analyzed into their component instinctive factors in this manner.

Upon the nature and interaction of the emotional responses the personality of the individual depends to a great extent. Personality is the aggregate of the physical and mental characteristics that enable the individual to respond in a characteristic fashion to a definite situation, and that distinguish him from others and give him his own peculiar individuality. In the so-called normal personality, these various instinctive and emotional impulses are fairly well balanced, so that demands for adjustment to new situations are met in an adequate and socially approved manner. In other personalities, there is an imbalance of the emotions, so that response to necessities for adjustment are determined by inadequate or over-accentuated affective responses rather than by the exigencies of the external situation. When the imbalance of emotions becomes extreme, we have the neurasthenoid, manic, depressed, or schizophrenic personalities familiar to those acquainted with mental disorders.

Just as the relative strength and intensity of emotional reactions vary in different individuals, so there are infinite

gradations of intellectual capacity which are a part of the original equipment. The human individual is born with a definite neural structure which determines the limitations of his mental development. Except in cases of destruction or interference with the functioning of the brain cells by injury or disease, the innate intellectual potentialities of the individual undergo no changes, but remain throughout life at the level fixed for them at birth. This native capacity determines how much each individual will be able to profit by his educational opportunities and environmental experiences, but no matter how great the advantages offered, they cannot be of benefit once the limitations of this innate endowment are reached.

These variations in intellectual equipment range all the way from the complete idiot who leads a vegetative existence and the low-grade imbecile who learns to pronounce a few words without conception of their meaning, through border-line types and individuals of average intelligence, to the genius, who, because of his special abilities, is far beyond the reach of his contemporaries. Society is composed of these various intellectual strata, which merge imperceptibly into one another. Yet for the most part society takes no account of these individual differences, but expects from every member of the group the same standard of educational attainment and equal civil responsibility.

In addition to variations in general mental endowment, there are individual differences in special abilities and disabilities. Persons of average general intelligence may be endowed with some special ability, such as superior manual dexterity, exceedingly vivid auditory or visual imagery, unusual verbal imagery resulting in superior language expression, and the like. By these special qualifications they are enabled to attain heights of achievement otherwise beyond the reach of their intellectual level. On the other hand, there may be special disabilities inherent in the mental make-up, which prevent the individual from utilizing his general intellectual endowment to its full capacity. Special disabilities in reading or arithmetical processes, for example, are a great handicap to the child under the present educational system, while these and

other disabilities limit the vocational possibilities to a considerable extent.

Although the intellectual equipment and special abilities and disabilities are of extreme importance from the viewpoint of educational methods and vocational guidance, they are of much less significance in the control of behavior than the instincts and emotions. With the enthusiasm that accompanied the development of tests for the measurement of general intelligence and the detection of special abilities, there was an attempt to correlate these qualities with behavior traits and types of conduct. Because a certain number of mental defectives were found among the criminal and delinquent classes, the statement was often made that mental deficiency was one of the chief causes of criminal conduct and immorality. Conversely, there has more recently been an effort to show that a positive correlation exists between high intelligence and morality. The fallacy of these deductions lies in the fact that they are based on statistical data gathered from highly selected groups. If we should make similar studies of a section of the social group which would include all classes, it is probable that we should find behavior traits much more highly correlated with innate instinctive responses and conditioned emotional reactions than with intellectual endowment. It must be borne in mind that a person of high intelligence is more clever at concealing aberrant conduct, and that he is, therefore, not so likely to come into the hands of the law as the less intelligent delinquent. Moreover, the intelligent criminal may limit himself to the direction of operations, detailing to his underlings the actual measures liable to result in arrest and imprisonment.

It is probably true that intelligence becomes a contributing factor in the production of moral conduct in that the person of intelligence can foresee more clearly than the defective the results of acts that are socially condemned. But in the face of intense emotional reactions, this foresight does not alter behavior to any marked degree. The university professor makes love to his pretty student in spite of the knowledge that it may mean loss of academic standing. The business man is harsh to his employees because to lord it over them removes

his feeling of inferiority, although every dictate of intelligence counsels that a friendlier attitude on his part would be conducive to more loyal relations and better workmanship. In opposition to the defective delinquent, who is exploited in recent literature concerning the criminal type, there is the equally feebleminded individual who is one of the most docile members of the group, who is a faithful attendant at church and whose morality is above reproach. This latter type conforms to social standards, not from any intelligent appreciation of right and wrong or from any foresight as to the advantages to be derived thereby, but simply because his emotional make-up and training have been such as to mold his reactions into a stereotyped form of response. Many industrial organizations prefer the high-grade-moron type of employee because of his greater obedience and general docility.

Sexual immorality in women has been used as an outstanding example of the tendency of feebleminded individuals to show delinquent traits. When this statement is based on statistics concerning unmarried mothers, it is readily perceived that the material studied is not relevant to the proposition. The lack of intelligence recorded in these unmarried mothers was not in any sense a motive of their conduct, except as it rendered them more open to suggestion and less aware of the consequences of their act, or lacking in knowledge of methods of avoiding the unfortunate results. Feeblemindedness is a contributing factor in the making of the prostitute to the extent that it may render her less able to make her living by other economic means. Emotional instability is a characteristic of the prostitute as often as mental defect.

In the final analysis, we shall find that an understanding of all problems involving conduct, whether of the group or of the individual, is founded primarily upon a knowledge of the instincts and emotions. While other factors enter somewhat into the picture, they are relatively of much less importance. History itself is only to be comprehended in its real import in the light of this knowledge. The great movements of every age spring out of the emotional life of the people. Industrial unrest is due in large measure to the failure of adaptation of the modern economic system to the emotional life of the laboring masses. Not only does the division of labor implicit in the

factory system result in the reduction of workmanship to the performance of simple automatic acts which are accompanied by no feeling pleasanter than that of fatigue, but also it thwarts the instinctive and emotional cravings of the personality in other ways. The transitoriness of labor precludes the possession of a permanent home and sometimes interferes with mating activities. The wage system divides workmen and factory owners into two distinct classes in outrage of the gregarious desires which impel the laborer to long for the same type of life that he sees going on above him. The whole industrial system necessitates the constant repression of the instinctive and emotional life of the workers, and thus causes a sense of dissatisfaction and a general restlessness which are expressed in strikes and similar manifestations.

While the new dynamic psychology, with its explanation of human behavior as primarily the expression of instinctive and emotional tendencies, affords an interpretation of the general activities of mankind, its application to the concrete problems of neuropsychiatry is our chief concern. As has been stated, the neuropsychiatrist no longer limits his sphere of activity to physiological disturbances resulting from structural changes in the nervous system and to the so-called functional psychoses and psychoneuroses. He is also called upon to explain conduct disorders consisting of maladjustments at school and at home, industrial misfits, antisocial behavior, and the like. There are certain definite psychological principles that assist in the diagnosis and management of these cases.

After the medical and neurological status of the patient has been established, the family and personal history are studied in the light of our knowledge of the psychology of instincts and emotions in an attempt to determine the specific motives of conduct in this particular case. In dreams and daydreams we have a further clue to these motives. In dream and fantasy we find an actual or more often a symbolic expression of the instinctive and emotional cravings that are predominant in the life of the individual, but that do not always find a natural expression and gratification. In some instances, the long-continued denial of the natural outlets for these cravings results in the establishment of substitute modes of response which are symbolized in the dream, but pass over into overt action in

the very antisocial form of behavior that the neuropsychiatrist is called upon to explain. When these vicarious expressions become the habitual reaction patterns, they serve to divorce the individual from reality to a certain degree. Daydreaming offers a particularly facile method of escaping reality and finding satisfaction in fictitious experiences created by the imagination. From the daydream to pathological lying is only a step, and very often the fantastic tales of the pathological liar will be found to be simply an outgrowth of this habitual flight from reality. Thus the task of the physician often becomes that of leading the patient back into contact with reality and imbuing him with the courage to face the actual situations of life and adjust his responses to them more appropriately.

In other cases, we find that the emotional life has been modified by the environmental factors of childhood experience to such an extent that the whole reaction pattern of the individual has been determined thereby. The influence of the parental environment in determining the manner of response to other situations has already been referred to. The child tends to respond to those with whom he comes into contact in accordance with their resemblance to the father and mother type. Emotional fixations are carried over onto the teacher who resembles the beloved parent, while the disobedient and intractable pupil may be only expressing antagonism toward one of the parents for whom the teacher has become a substitute. Dislike of parental authority may also be expressed in antagonism to social authority and give rise to antisocial acts. The neuropsychiatrist will find the key to much delinquent conduct, as well as to many problems of school maladjustment, in emotional responses thus conditioned by the family situation. Very often the patient is unconscious of these influences that have warped his emotional life, and it then becomes the task of the physician to enlighten him as to the true significance of his conduct.

Emotional disturbances related to the sexual life are frequently a cause of delinquent conduct. The simplest form of these are the perversions, such as exhibitionism, assault of children, sadistic crimes, and the like. Unsatisfied curiosity regarding sexual matters is a source of emotional conflict in

many instances. Reveries and speculations concerning the nature of the relationship between the sexes is often the beginning of a habit formation that results in pathological lying. The false accusations of hysterical girls, which have no foundation in actual experience, are fantasies growing out of imperfect knowledge of sexual relations and offering a direct wish-fulfilment of unconscious sex desires. By a process of association and substitution, stealing often becomes a vicarious means of sexual gratification. Suggestions to sexual practices and to stealing often come from the same source and at about the same time. In many instances, the sexual temptation offered by bad companions is resisted, but the associated activity of stealing receives the emotional content and becomes a substituted outlet.

Perhaps the individual brought to the neuropsychiatrist may have a marked feeling of inferiority for which he is compensating by his peculiar behavior. The endeavor to remove the feeling of inferiority spurs some individuals to intellectual achievement, so that they become the leaders of their class in school and later make brilliant contributions to the arts and sciences or to social and political movements. On the other hand, the attempt to compensate for the feeling of inferiority may be by means of assuming the leadership of gangs and unruly organizations, and by expressing defiance of authority. It is indeed a distinction to be notoriously bad and thus to be raised from the realms of mediocrity. If the individual has sufficient intellectual potentialities, he may be guided into ways of satisfying the will to power better adapted to social requirements.

Emotional conflicts may be manifested, not only in antisocial behavior, but also in innumerable somatic symptoms, either alone or in connection with antisocial traits. Nail-biting, choreiform movements, wringing the hands, tearing the hair, picking the nose, headache, dizziness, visual and auditory disturbances, nausea, vomiting, retching, belching, frequent micturition and defecation, enuresis, sphincteric disturbances, cardiac palpitation, respiratory disturbances, all kinds of tics, transitory paralyses, and various sensory disturbances are sometimes due to emotional conflicts. When this is the case, the somatic symptoms tend to disappear with

the solution of the mental conflict and the readjustment of the individual.

Although a knowledge of the psychological mechanisms of conduct will aid the neuropsychiatrist materially in his work, and although he will find these principles the outstanding facts in the etiology of many of his cases of conduct disorders, he must always be on the alert for incipient psychoses which may also be a cause of peculiar behavior. The hypomanic disregards authority because his continual flight of ideas and constant psychomotor pressure prevent him from focusing his attention on the environmental situation sufficiently to grasp its full implications. The dementia-praecox individual reacts to the images of his own delusions and hallucinations instead of to external stimuli, so that his behavior is out of harmony with the circumstances of his environment and may even be antisocial in character. The paretic, especially at the onset of his illness, not infrequently commits gross antisocial acts that are of serious consequence, not only to himself, but also to his family. Arteriosclerotics and seniles not only show marked memory and retention defects and deficient processes of perception and association, but also become very irritable, react in a more or less paranoid and delusional manner, and come into conflict with established laws and conventions. Epileptics, before or more often after seizures, often commit serious offenses, such as setting fires, stealing, sexual assaults, and even murder. Those epileptics in whom the disease manifests itself in the form of psychic equivalents are particularly liable to get into difficulties because the confusion and bewilderment that accompany these equivalents cause a total disregard of reality. Psychiatric studies in criminology have contributed more than any other single factor to the humane treatment of the criminal. The scientific contribution of psychiatry in this field has influenced the attitude, not only of the legal profession, but also of the intelligent layman, so that the whole problem of punishment is approached from a different point of view than was formerly held. The result of this attitude is apparent in modifications of the penal code and in the reform of the prison system and prison discipline.

The management of the psychoses is a medical problem with which the neuropsychiatrist is fairly familiar and which needs

no elaboration in this paper. On the other hand, the management of conduct disorders having their origin in abnormalities or disturbances of the instinctive and emotional life is directly correlated with the psychological principles which we have been discussing, and requires a brief presentation. The guiding principle in these cases is the substitution of socially adapted forms of response for abnormal or antisocial behavior. If it is impossible for the instinctive and emotional life to function at its natural level, its energy must be secured an outlet in activities that do not bring the individual into conflict with group standards and that are preferably of some advantage to the group. This necessitates a careful inventory of the potential capabilities of the individual, and a skilful manipulation of the environment to afford an opportunity for their utilization.

Applied psychology has devised a series of mental measurements which include tests both for the estimation of the general intellectual capacity and for the detection of special abilities and disabilities. These tests are of inestimable value in furnishing a more exact knowledge of the possibilities of the individual than can be acquired by any other means. Such knowledge is indispensable in the selection of the proper field for the transference of the energies from antisocial to socially adapted activities. It would be useless to expect the moron to sublimate his instinctive and emotional impulses in the same fashion as the individual highly gifted along artistic or literary lines, and it would be equally foolish to expect either a subnormal or a superior type to conform to the standards of the group average.

The psychologist who is familiar with mental measurements by virtue of his training and experience is best equipped to apply these tests and interpret their significance. The neuropsychiatrist is usually insufficiently trained in the technique of mental testing, on which the accuracy of the test so largely depends. On the other hand, the psychologist must attribute meaning to his results in the light of medical and psychiatric findings, and in accordance with the emotional state of his subject. Therefore, the welfare of the patient demands the coöperation of the neuropsychiatrist and the psychologist. Specialization and division of labor are advantageous in this

field as elsewhere. It requires approximately an hour to determine the intelligence level of a single individual with any degree of accuracy, and additional time is necessary for the study of special aptitudes and inclinations. Even if the neuropsychiatrist were highly trained in the methods of psychological technique, his time would be absorbed in work that is a more direct expression of his real interests.

After the functional capacity of the individual has been determined by careful studies of hereditary and environmental influences, physical make-up, personality traits, intellectual endowment, and emotional responses, it becomes necessary to manipulate the environmental situation to provide opportunity for the utilization of this capacity to the best advantage. Wherever possible, the services of the social worker trained in psychiatric problems can be used to advantage in effecting environmental adjustments. The worker can go into the home, not only for the purpose of evaluating the family situation, but also to offer suggestions at the direction of the psychiatrist for adapting the home life to the needs of the patient. Sometimes a change of occupation will be found necessary as a therapeutic measure, or the teacher may need to be advised concerning the personality of the pupil and the desirability of more lenient disciplinary measures or the most effectual mode of handling this particular child. Sometimes it may even be well to remove an individual from his environment and place him in better surroundings. There are innumerable ways in which the environment may be modified, and the social worker is able to aid materially in the amelioration of conditions.

Since the trend of modern medicine is toward preventive measures, it becomes necessary to consider the possibilities that the utilization of the principles outlined in this paper offers for mental hygiene. Perhaps the greatest contribution of modern psychology is its discovery of convincing evidence of the importance of the infancy period and childhood. It is during these early years that the reaction patterns become relatively fixed to form the life habits of the individual, and it is at this time that measures should be instituted for the development of socially adapted responses and the prevention of improper reactions. This can best be accomplished by the

addition of mental clinics to the school organization.[1] It is obvious from the preceding discussion that the personnel of such clinics must include the services of the neuropsychiatrist, the psychologist, and the psychiatric social worker.

The activities of the mental clinic in connection with the school would embrace the following:

1. The recognition of somatic disease and incipient psychotic disorders.
2. The recognition of mental defectives and the arrangement of a modified curriculum suited to their capacities.
3. The recognition of the superior child and adequate provision for the development of his special abilities.
4. The recognition of special vocational aptitudes and advice concerning their utilization.
5. The guidance of play to inculcate the qualities of fairness and sociability.
6. The study of children showing delinquent tendencies and other conduct disorders.
7. The study of environmental influences and the readjustment of the environmental situation for the benefit of the child.
8. The study of problems due to adolescent transitions, and advice concerning these difficulties.

Thus the work of the mental clinic becomes that of an adjusting unit which has for its function the adaptation of the individual in harmony with an understanding of his needs and the requirements of society. It is obvious that juvenile courts, orphanages, and other institutions dealing with children require the services of the mental clinic as much as the schools. Modern industrial organizations, courts of justice, and penal institutions could also profitably employ such an adjusting unit. While it must be admitted that modern industry is not primarily adapted to human needs, it must also be admitted that a certain percentage of disgruntled and dissatisfied employees are simply vocational misfits or are maladjusted in some other way that could be corrected by the adjusting unit.

[1] Not alone the grammar and high school, but the college and university as well, where such facilities should be available in connection with the department of student health.

The court can never satisfy the demands of justice without the employment of such a unit because many of the cases that come before it are medico-psychiatric rather than legal problems. The prison and reformatory are dependent upon the adjusting unit for the classification of inmates, the administration of proper disciplinary measures, and the institution of training that will provide for the rehabilitation of the individual by furnishing him with occupational training and socially adapted ideals.

Even from this inadequate resumé, it is apparent that modern psychology has data to offer that are of importance for the understanding of human conduct and that are applicable to the problems of neuropsychiatry and mental hygiene. It must always be remembered, however, that psychology is a comparatively new science, and that dynamic psychology is of extremely recent origin. Moreover, in dealing with the human individual, it is dealing with an exceedingly variable factor, so that the principles of human conduct cannot be applied with the same rigidity as the laws formulated by the more exact sciences. Therefore, we must remain open-minded toward the efforts of earnest workers in this field, even though their findings do not always agree with our own preconceived ideas. Even where our psychological knowledge is insufficient to explain some particular behavior problem, it should at least create in us a tolerant attitude toward aberrant members of the group and impel us to withhold judgment until further scientific investigation has increased our knowledge in this field. It also becomes imperative for those who are trained to understand the mental mechanisms underlying human conduct to take an active part in civic life, so that social laws and institutions may be better suited to the real needs of the human individual.

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INTERNAL SECRETIONS AND THE HOME

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INTERNAL secretions, we are told, are the things that shape our characters. Horatius held the bridge because inside of him secretion *a* was able to overwhelm opposing secretions *b* and *c*.

As the Puritan home seems to have been a place where character was formed, so the modern home seems by all accounts to be the place where character is needed. Accounts agree as to essentials. The home is entered in the evening by a man looking forward to food and a quiet place, a man who is tired and irritable, but who does not want to be left alone—he wants a bland companion. His wife is not usually that: she has occupied a lonely house and has acquired a longing to go out that, unappeased, brings irritability. During the day her suppressed desires to meet people bring about convictions that she must make people better. The fact that these convictions change is rather annoying to her husband, who any way is in far from a reforming mood as he settles to the evening paper. In and out of the home breezes a daughter, vigorous, bossy, irritated by delays, talented. She has tried, in order, music, nursing, art, literature, and social service, but has balked successively at finger exercises, bed making, mechanical drawing, and grammar. There is still a chance that social service will give her energies an outlet without preliminary drudgery. A son is flippant, apparently lazy, altogether unknowable, fussy. And the picture as drawn for us includes an Aunt Sally, inheriting her ideas from an earlier generation, who helps with an unselfishness which at times is hard to bear. The whole family has the unhappy knack of being greatly disappointed by very trifling things. With a disinclination to be bound by custom or authority, they must in the midst of the game pause to wonder what the rules are, and the uncertainty does not help them to get on with one another.

Now think of this home in terms of internal secretions. If each member of the family has a number of glands which by very complicated responses pour their very much mingled secretions into the blood to constitute an end result which is his character, we have a very precarious state of things. But the precariousness contains in itself a promise. "The pituitary controls . . . the rhythm of poetry and music, punctuality, neatness, order." If John persistently comes late to school, give him pituitary. "The anterior pituitary . . . is concerned with that maturity of mind and with that judgment which in most men act as restraining factors to the coarser instincts." For immaturity of mind give more pituitary. Why not strengthen the family by glandular therapy, subtracting from Aunt Sally that super-unselfishness which is so trying in a home and adding the same trait to her niece, in whom it could hardly cause trouble?

Just here we come upon one of the most satisfactory things about the internal secretions. They can be measured to the thousandth part of a cubic centimeter. How immeasurable the forces that hitherto have been used to develop character! Expose a man to religion in order to make him a more conformable part of society and suddenly he becomes a prophet who not only will not let us rest in peace, but is more nonconformist than ever. Think of the distress of a family watching a spark of decency, which for its own purposes it has given its oldest son, being fanned to a divine and uncontrollable fire. And there are always Kate Negleys who take religion hard and insist on being "as wholly sanctified as they make 'em" and "hunting the Scriptures for things you mustn't do". Nor has any one been able to predict what education would do to a man. And how does one handle a patriotism once roused?

But the future molder of men can turn with relief to very exactly weighed capsules filled with the substances of different glands. Beginning with one-eighth of a grain, the dose can be run up a ladder of infinite and exact gradations. Not only that, but if one overshoots the mark through carelessness, one can counteract ill effects by an opposing substance. As Cushing says, "Have Alice nibble from a pituitary mushroom in her left hand and a lutein one in her right and presto! she is any height desired." And going further, with doses of

secretion x carefully checked by doses of secretion y she can reach any moral height desired and still be brought down by her anxious family before irreparable harm has been done.

The social worker has begun to study the internal secretions. Will not the minister and the educator follow? There are so many unsatisfied desires coming to the attention of these professions; it is impossible apparently to bring authority to suppress these desires; and so a welcome is ready for relief through chemistry. In goes so much gland sustenance and out comes the difficulty, and there soon will be little for the societies for mental hygiene to do.

The "outgoing wife" can now be made to stay at home under the hibernating influence of the posterior pituitary—that is, if her husband has first chance at the medicine chest. A disturbing thought has entered with the last sentence. Is the wife to be soothed or the husband stimulated? Whose unpleasant characteristics are to be removed? What are unpleasant characteristics anyway? Who shall give John the wherewithal to become a poet and imbue James with a passion for work?

We have not at hand the wisdom to answer these questions, but after us will come those who will have grown to a wisdom we have not seen. The made-to-order man approaches, the made-to-order genius, and, what concerns us more nearly, the made-to-order family. We can surmise that a judicious selection—"man for the first time taking part in his own evolution"—might for the sake of variety allow in some individual of the family a certain trait to become developed fully and unusually, but to be made innocuous by complementary differences in other members of the family group—for every bump a hollow. But as a bumpy individual would be uncomfortable when he left the family circle, it seems likely that it would be less troublesome to have no bumps anywhere. Almost without realizing it we face the possibility of all men becoming well rounded and equal, like a row of ciphers.

An internal secretory Utopia would have enough of everything, but not too much: enough patriotism to carry on for an emergency, but not too much interference in long-continued activities under the flag. Freed from the difficulties of dealing with unmeasured sources of energy, it would have to guard

only its *abattoir* and cold-storage plant to secure itself against diminution of its intellectual and moral forces. Enough Horatii could be produced to hold the bridge and at the precise moment swim back across the floods to inconspicuousness. Looking backward, it is hard to believe that, without the help of modern chemistry, the Romans did so well.

THE PROBLEM OF THE MENTAL MISFIT IN INDUSTRY*

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WHEN the United States Government called up four million men to fight a common enemy, it called with them almost every legitimate branch of medical science to safeguard their health and to restore them to duty when wounded. Well to the fore of these medical cohorts was a little group, new to military science, looked on askance by some and with derision by others. The Surgeon-General's Office, with becoming dignity, referred to them as the "Neuropsychiatric Division of the Medical Corps", but by almost common agreement the line, more practical, albeit less nice, dubbed them "nut pickers".

Their duty was twofold. The Allies had been badly perplexed and harassed by large numbers of nervous and mental upsets among their troops. Indeed, several divisions holding important sectors had been severely handicapped by the steadily increasing streams of ineffectives going to the rear, wounded, not in body, but in mind. Some of these were frank cases of recognized insanity. These had been anticipated and allowance made for them in estimating battle losses. But there were far greater numbers of a type of disorder generally unrecognized and for want of a better phrase called "shell shock". In 1914-15, military physicians were inclined to think that a new, heretofore unknown mental disorder had been engendered by conditions of modern warfare.

Then here and there a bold psychiatrist began to advance the theory that these "shell-shock" cases bore a remarkable resemblance to certain supposedly rare cases of civilian hysteria and psychoneurosis, and by 1917 this theory had been more or less generally accepted as proven and true. It had

* Read before the Fifteenth Annual Conference of Industrial Physicians and Surgeons, Pennsylvania Department of Labor and Industry, Harrisburg, Pennsylvania, May 25, 1922.

been discovered that since the soldier of to-day's draft army was the citizen of yesterday, it was not unlikely that the mental upsets of military life would bear a striking similarity to those in a civilian community, especially if allowance were made for differences due to a military coloring of the symptoms. It was further discovered that certain types of men seemed more susceptible to these mental maladies than others, and that the efficiency of the army was better served if these types were either excluded entirely or at least prevented from reaching the battle area.

And so it came about that "shell shock" was found to be civilian hysteria masquerading under military disguise, and, with the stripping away of the veil of mystery that had previously enshrouded it, came a healthier outlook and a more hopeful prospect of combating it with means already known to medical science.

By the time America entered the war, the incalculable advantage of all this information was available for us, and the Neuropsychiatric Department was organized to combat similar conditions among our own troops. It has been stated that their task was twofold: First and foremost they were expected to return to duty in the shortest possible time every possible man who had undergone a mental or nervous breakdown; and secondly they were expected to strike at the root of the whole matter by detecting and excluding from the army —or at least from the fighting zone—those men who hard-won experience had taught were most likely to be mentally overcome by battle conditions.

For the first time in the history of the world a soldier was to be selected for qualities other than a sturdy physique and a strong right arm.

The results of the efforts of the Neuropsychiatric Corps are now well known. Applying to military conditions their knowledge of mental matters born of a civilian experience, these psychiatrists labored indefatigably, in the camps to exclude or adjust, and in the trenches to cure and restore, mental casualties.

Once the novelty of seeing them in uniform and under army conditions had worn off, the psychiatrist began to recognize familiar types. In the camp "goat" or "bone-head", he saw

the defective of civilian life; among certain of the so-called conscientious objectors, he recognized the psychopaths and irreconcilables of the outside social world; in those who habitually fell out of line and complained of short breath, palpitation of the heart, and kindred aches and pains, all based on no discoverable physical findings, he renewed acquaintance with the same neurotics who contributed largely to his civilian practice. All in all, the psychiatrist perhaps felt more at home in the army than any of his professional brethren. It required as little imagination to see the potential "shell-shock" case of the front line in the man who developed an hysterical paralysis of the arm after an anti-typhoid inoculation as it did to connect the dull, stupid camp defective with the later gas casualty, who fumbled and hesitated too long with the fastenings of his mask, or who perhaps jeopardized the lives of his patrol in No Man's Land by not lying "doggo" quickly enough under the white glare of a Very light.

Not all these fellows were discharged outright, however. Sometimes a hard-headed line commander who had not yet seen the light would become vocal in his opposition to wholesale discharges, or again—and more frequently—the labor battalion safely, neatly, and satisfactorily absorbed the willing muscular output of the defective whose cerebrations were too slow and uncertain for front-line fighting, but whose ability to build roads and dig ditches in Georgia or Iowa was not to be sneezed at. This problem of adjustment without discharge soon became a most important one. Not only was it often found possible to use a mental defective satisfactorily in the rougher work about camp, but many a neurotic whose vague, but always constant half-illness made him utterly useless for drilling or machine-gun practice more than earned his keep when given a job as orderly, or in the office, or at a task compatible with his special abilities and disabilities.

Even the despised conscientious objector could often be induced to wield a broom if not a bayonet. And so it went, a large portion of the psychiatrists' time being spent in ceaseless compromise. But it paid. Seventy-two thousand American recruits were rejected entirely from the service for various mental and nervous disorders and defects; fully twice as many mental misfits were placed in jobs suited to their capacities

and rendered useful; and while no definite figures are available, the proportion of severe mental cases that developed in American troops in France is known to be well under similar figures for the French and British forces.

The one great underlying fact brought out by these experiences was that the mental-health problems of the army were essentially the same as those in the civil population, and that the type of individual who was likely to become afflicted was pretty generally the same whether one called him soldier or citizen.

That the mental misfit in the army created a special problem is as undeniable as the fact that he has created a similar problem in the community at large. As a matter of sheer self-defense, both army and society have been compelled to recognize this problem and to devise means for its solution.

To demonstrate that the mental misfit in industry has created a problem is not difficult. To offer a specific solution of that problem is beyond the present-day status of our knowledge.

The student of industrial conditions is quickly impressed by the fact that the problem of the mental misfit in industry, like that of the mental misfit in any other walk of life, has its source in society in general. The worker—that all-inclusive term—is also the soldier, the scholar, and the citizen, and that he may at times be maladjusted in the factory is as much to be expected as that he should be occasionally out of tune in a military environment or in that of the university.

After all, who is this worker, this hypothetical person, referred to in military parlance as "man power", in the words of the political demagogue as "the common people", and in industrial terms as the "force" or the "hands"?

Arthur Pound describes him unusually well in *The Iron Man in Industry*[1]: "He is the fellow who made up the ranks of the army as examined for the draft—an adult male—with an intelligence, by test, of from fourteen to sixteen years. He is a dependable being on the average, capable of taking care of himself and his family in ordinary times and in not too complicated situations; fairly adaptable; amenable to law and

[1] *The Iron Man in Industry*, by Arthur Pound. Boston: The Atlantic Monthly Press, 1922. p. 52.

social usages; requiring and accepting leadership in all pursuits calling for special knowledge or quick decision; fundamentally loyal to his country and its institutions; inherently conservative and provincial; shaking down after the first flush of youth into a steady, plodding citizen, more prone to excitement over little things than to thought over fundamentals; strongly sexed, but controlling his sex calls more or less successfully with the aid of church and state, of which institutions he is ever the pillar and support."

This in general is the type of worker who mans industry. He is neither better nor worse than his prototype in the army, the school system, or the community. Some of him is burdened with mental twists and quirks and some with physical infirmities. Taking him by and large, he represents an average cross section of the American nation.

This composite picture is so apparent that one wonders why industry at times assumes its problem of the mal-placed worker to be peculiar to itself or more vexing than that of the courts or the educational system. And then it is recalled that, relatively speaking, only yesterday did these two latter institutions begin to stir in their lethargic sleep and gradually to discover that they must study these misfits as *individuals* and not as masses or types.

One is inclined to believe that here possibly is the crux of the whole matter. For centuries logicians have assumed that man, the world over, excepting for minor ethnic differences of race, stature, and physical qualifications, was of essentially the same make-up. It was further generally assumed that in a given situation all types of man would react with approximate similarity. To-day much of this medieval attitude can be found still extant and virile in many of our courts and colleges.

Much of our criminal code is based on it, our entire educational system was designed on a slight modification of this theory, and a World War was required to awaken a complacent military to the fact that "man power" in the final analysis was individual, and that no two soldiers responded quite alike to the same stimulus. And while to-day courts, schools, and army have all, to some extent at least, readjusted their mechanism to allow for recognition of the individual and his

character differences, industry has lagged behind. With a few notable exceptions, modern industry appears still to think of its shop personnel in terms of so many "hands" rather than of so many "hands" *plus* minds and nerves and instincts and emotions. No doubt industry, in the interests of increased production, would like to divorce the former from the latter, feeling that minds, nerves, instincts, and emotions are impediments to the proper functioning of a factory that worships at the shrine of Standardization. But, "Take me—take my dog" is Mother Nature's facetious reply to this desire, and whether it will or no, industry is now realizing that with the worker's hands and muscles, it must also accept his likes and dislikes, his prejudices and his passions. The ignoring of this obvious fact is one of the elements that enter into the making of an industrial misfit. In the past decade, tools, materials, shop practice, and machines have been standardized to a high degree. Automatic machinery has more and more supplanted human effort, and all in an attempt to reduce to the minimum even minute variations in the appearance and quality of the finished product. The modern industrial concern has succeeded in subjecting to its indomitable demand for uniformity every item concerned in production but one—the worker. He alone resists fusion in the smelter of homogeneity, and if, during the melting process, his rebellion boils over, then industry has participated in the *accouchement* of another misfit.

One may reasonably assume, then, that if the type of worker manning industry is essentially the same as that which comprises the bulk of the community, he will possess a like susceptibility to those factors that make for mental impairment, allowing for differences in symptoms due to industrial coloring.

The community is here and there dotted with feebleminded-ness. So is industry. The community is handicapped by its constitutional inferiors and its neurotics. So is industry. The community has its rebels against the civil and social codes in its psychopaths and its irreconcilables, while industry finds it necessary to contend with its radicals and agitators. And just as some communities to-day deny the existence of a mental-health problem within their borders, so do some in-

dustrial concerns reject the suggestion that a goodly portion of intramural friction, excess spoilage, high labor turnover, excessive frequency of accidents, and a dozen and one other shop problems whose ultimate expression is to be found in decreased production, decreased dividends, and increased plant costs and insurance, may all have a common source in mentally insanitary conditions within their own confines.

The manager of a large paper mill derided the suggestion that a falling off in production and a seething unrest among the operatives of a certain roll mill might have its origin in the instability of temper and fluctuation of purpose of a newly appointed foreman who was obviously on the edge of a manic-depressive upset.

An automobile factory installed at great expense an elaborate system of automatic safeguards for their machines. Ten months later they were deeply concerned to find that their accident frequency had declined only about half what they had been led to hope. Analysis of the figures, however, showed that while the total number of accidents remained unduly high, they were occurring in a smaller group of employees. In other words, under safeguarded conditions, most of the accidents were occurring in a relatively small group of "repeaters", who were being injured again and again. Several of this group were later found to be definitely feebleminded and a few more to be emotionally unstable and negligent to an unemployable degree. This incident suggests a parallel between the mental mechanisms of the industrial-accident repeater and the court recidivist.

Feeblemindedness in industry is not the wholly unmitigated menace it often appears to be. To be sure, an unrecognized defective may create much misunderstanding and trouble, and the fact that the higher grades especially give little physical hint of their limited intelligence makes their employment easy and their subsequent detection difficult. And yet, properly assigned and in certain jobs, the defective is a satisfactory and even a valuable worker. Indeed, in those industries where automatic machinery largely predominates—such as the automobile and, to some extent, the textile plants—the subnormal individual is often deliberately sought out. Very average manual skill and even less than average intelli-

gence are the easy demands the automatic machine makes of its operator. Mental effort of a minimum amount is required, and the unimaginative, content-with-the-present mind of the defective plods along at his task quite unaware of the deadly monotony that quickly creates aggravated "labor strain" in his more highly endowed brother.

For such jobs the subnormal workman is an almost ideal type. He obeys without questioning; he is content to be led; he indulges in no dangerous "thinking" about his fancied socio-industrial place in the world; and, being essentially a creature of fixed habit, he soon learns the simple operation of his automatic machine and cannot be easily induced to depart from the routine thereof. As witness to the veracity of these assertions, one has only to recall the testimony of divers employment managers, no small percentage of whom also assert that the highly automatized factory actually tends to place a premium on limited intelligence.

Most of the objection to the defective in industry seems to arise only when he is maladjusted. A man of twenty-six with a mental age of ten and a slow reaction time will almost certainly in course of time sustain an injury if operating, say, a high-speed grinder, or perhaps a drill press which demands a measure of fine judgment.

An individual of this type, after careful examination, was discharged from the army as a "mental defective". He was employed, on recommendation of a Federal Vocational Training Board, by an automobile firm as a helper on their loading dock. Admirably fitted for this work, being strong and willing, he soon sank into a comfortable niche and gave eminent satisfaction. Indeed, so well did he and his job fit each other that when an opportunity arose, a well-meaning and patriotically inclined foreman promoted him, on his statement that he could operate an automobile, to a position as truck driver.

The short hauls in the plant yard between assembly department and freight platform were easily negotiated, and for a time all went well. And then one day, during the absence of an older driver, he was sent across the city to pick up a five-ton load of motors and told to "hurry". The return trip necessitated the crossing of a railroad track, and the inevitable happened. A combination of slow reaction time and chronically

defective judgment brought the loaded truck and a fast freight together on the track at the same moment, and in addition to several thousand dollars' worth of damage to truck and motors, the family of the dead boy brought heavy suit.

Properly fitted to a job compatible with his stunted intellect and abilities, a mental defective above the grade of imbecile seldom causes trouble. Misplaced, he is a never-ending menace to himself and all those about him.

Just as in the community we find friction, misunderstanding, and distress ever following in the wake of the psychoneurotic, so do we find similar symptoms in industry. The same mechanisms that serve to translate the mental difficulties and conflicts of the citizen into terms of physical discomfort and ill health operate in like fashion in the workman. Neurasthenia, that type of mental disorder that reinforces or simulates physical invalidism, takes as much toll in the shop as in the home, and its industrial severity is further enhanced by the fact that the foreman recognizes it for what it really is as infrequently as the physician.

Poorly balanced emotional equipments do not stand out in bold relief as do crippled joints or a wooden leg, and when their owners become inefficient or give vent to easily aroused anger or seem constantly irritable, custom is prone to attribute such outbursts to "cussedness" rather than to a little understood "sickness".

Thus the neurotic bank clerk, complaining of constant headaches, of early fatigue, of constipation and irritability, may be subconsciously struggling against dislike for a frivolous wife, hastily married in a moment of sex madness. He is the emotional, if not the blood, brother of the workman whose back habitually aches, whose anger blazes forth on trivial pretext, who is oversensitive and overtired, whose work is often spoiled, and who, underneath all this, may be blindly revolting against a shop life whose only hold is the increased financial gain for his family that a coveted farm existence cannot offer. It matters little what the precise process may be, the outward results are similar, and as the struggle becomes a chronic condition, both bank clerk and workman are likely to become known as "grouches" or "touchy", and the rest of

the crowd begins to edge away. The end results are invariably seen, but seldom the cause.

Industry teems with this unrecognized type. Production and accuracy of work are maintained at fearful expense to the neurotic's ability to repress, and often inefficiency crops out despite frantic struggling. Fatigue of mind brings about inattention and lack of concentration, just as fatigue of mood is marked by a mild depression, a tendency to worry, and lack of enthusiasm or even dislike for persons or things formerly held in high esteem. The creation of imaginary, self-made situations is a peculiarity of this type, and more than one serious injury has been sustained during a moment when attention was distracted from the work in hand to the distorted fields of daydreaming in which the neurotic seeks a comforting, but artificial surcease from conflict.

More spectacular perhaps, certainly more vexatious, and incidentally more difficult of detection, is the industrial psychopath and inferior. While psychiatry has long been more or less familiar with the unreliability, the *penchant* for precipitating trouble, and the habitual dissatisfaction of this type, industry only recently has come to connect his maliciousness and antisocial conduct with certain of its labor agitators and chronic "kickers".

The neighborhood "grouch", perpetually suspicious, litigious-minded, and socially disgruntled, has his counterpart in the grudge-bearing workman—querulous, resentful of authority, and always "in bad" with his fellows.

This chap may be, indeed frequently is, of more than average intelligence, and is often a skilled workman as well. But tenure of position is constantly being threatened by one sort of dissatisfaction or another. This job is too hard for the wages paid; that one is dominated by a disliked foreman; another is with a firm whose welfare personnel is thought too zealous; and so on *ad infinitum*.

In a paper on this subject by Southard, written a short time prior to his death,[1] Jau Don Ball is quoted as offering a list of industrial types that might well come under the designation

1 See *The Movement for a Mental Hygiene of Industry*, by E. E. Southard. MENTAL HYGIENE, Vol. 4, pp. 43-64, January, 1920.

discussed. Among these he enumerates "queer guys, eccentrics, disturbers, querulous persons, unreliable and unstable fellows, misfits, the irritable, the sullen, the socially disgruntled, unsociable, negative, conscientious, litigious, bear-a-grudge, peculiar, glad-hand, gossipy, roving, restless, malicious, lying, swindling, sex pervert, false accuser, abnormal-suggestibility, and mental-twist types".

And while fully agreeing with Ball that "it could not be concluded from this or any other examination that all strikers, whether agitators or not, are psychopaths", one cannot escape the conviction that in the pathologic dissatisfactions, the antisocial activities, and the oftentimes brilliant, but distorted cerebrations of these psychopathic individuals, the seeds of more than one case of shop unrest and labor difficulty are to be found. Stewart Paton calls such manifestations "the defense reactions of inadequates", while Pound believes that such types have a lowered threshold of resistance to "labor strain". Classify them as you will, the fact remains that the industrial psychopath is a thorn in the side of every plant management. No shop is too small to harbor at least one of them, and one who may be especially maladjusted can destroy in a week the entire morale of a plant which it required years of patient efforts to build.

Brief mention may be made of two other types of mental misfits in industry. One consists of a group of employees who develop, on the job, so to speak, certain mental disorders. Most common of these conditions are a developing general paresis, a premature arteriosclerotic process, and an incipient dementia praecox. And while causative factors differ in each case, they all have a common initial symptomatology in change of character. Beware of the old and trusted workman whose shopmates confess to puzzlement because he seems "different". Perhaps, from a quiet, sober, self-respecting demeanor, he begins to grow careless, boisterous, obscene in speech, and forgetful. Or he may depart from lifelong habits of thrift and squander money recklessly. These are but a fraction of the character changes that are the outward, warning expression of a deteriorating organic mental process. It is not only the aged worker suffering from frankly recognized senility that undergoes these disorders. Only too often they

afflict the middle-aged man of from forty to fifty. General paresis is no respecter of persons and little of age; premature arteriosclerosis may appear long before normal senescence is expected; and dementia praecox is, of course, a specter of youth.

The second type of industrial misfit is equally important. In fact, strictly speaking he has no title to the designation "mental" misfit whatsoever, for he is as normal minded as one could wish. And yet he often creates a problem. I refer to the superior type of workman, superior in ability and intellect, who nevertheless is placed in an inferior job and is not promoted. Nothing can be quite so soul-deadening as the situation of the employee with a family, working at a task that consumes only a minor portion of his skill and ability, who, for a hundred and one economic reasons, finds a more advantageous location impossible.

Friction and dissatisfaction as inevitably follow in the wake of this man as they do in that of the inferior worker in the high-grade job. Such a situation rapidly tends to destroy the morale of the superior workman, and as surely as the sun rises, he is sooner or later going to express his dissatisfaction in terms of unrest and resentment. Thus is one kind of agitator born, and an especially menacing one, for being anything but a psychopath or a defective, he diverts his superior intelligence from a job that can use only part of it to stirring up his fellows with the surplus. On the other hand, like all the other types discussed, fit this fellow to a task in keeping with his abilities, promote him when he deserves it, and his mischief-making tendencies dissolve into thin air.

While adhering to the promise of attempting no dogmatic solution of these problems, one is disposed to hope that its broader aspects may be lightened by an extension of the mental-hygiene movement, which has already invaded the community, the courts, and the schools.

Mental hygiene has assisted in the untangling of many a knotty social and legal problem by explaining the "why" of certain conduct or behavior manifestations. In a very practical way, it has been of inestimable value to society in demonstrating, for instance, that many a so-called criminal is a mental misfit in the social code, and again that certain

children who may habitually lie or steal or run away may need, not punishment, but to be understood that they may be restored to a plane of future usefulness.

Mental hygiene opposes the old viewpoint of medicine and the law, which was concerned only with end results, and substitutes therefor a policy of prevention of mental disorder, a scientific policy whose practical success psychiatry has amply demonstrated.

The roots of the problem lie deep in the instinctive life of man—be he soldier, citizen, or workman. That the industrial workman is recruited from the community, and that therefore the problems of industry and of the community are in the final analysis the same, are so obvious as scarcely to warrant comment. And yet until industry as a whole studies the *individual* and his needs and desires, the mental misfit will continue to be a problem.

THE PSYCHIATRIC WORK OF THE NEW YORK PROBATION AND PROTECTIVE ASSOCIATION*

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THE question is often asked: "Of what use are psychiatric examinations in meeting social problems?" This report, based on 839 mental examinations made from May 1, 1920 to September 30, 1921 is an answer to the above question, according to the experience of the New York Probation and Protective Association, and the conclusions based on these examinations coincide in many details with those that have been accumulating for over ten years. Belief in the necessity for understanding the delinquent as thoroughly as possible and then for individualizing treatment was the corner stone of the mental work of this association, and the superstructure has been consistent with the foundations. Variations have been an extension of this principle to different groups; the principle itself has not varied. During the seventeen months' period covered by this report, work has been carried on with four different groups naturally reached in the development of the interests of this association, which now seeks to prevent delinquency as well as to handle its frank manifestations.

Group 1. 477 girls who were either staying temporarily at Waverley house—the detention home of the New York Probation and Protective Association—or who came there merely for examination. The latter were referred by district workers of this organization or by other social agencies. Practically all of this group were either delinquent or presented conduct problems that indicated a need for preventive work if delinquency were to be avoided.

Group 2. 300 girls and women examined in the Women's Day Court—the younger prostitutes and those charged with incorrigibility.

Group 3. 37 young women employed during the day, for whom evening appointments were made at the Girls' Service Club. Many of these

* This article is a report of the mental work of the New York Probation and Protective Association from May 1, 1920 to September 30, 1921.

patients were nervous and unstable, greatly in need of help in making personal, family, industrial, and social adjustments, but it was not a defective or a delinquent group.

Group 4. 25 pupils in a girls' high school, problems to their advisors because of physical, mental, nervous, scholarship, or behavior difficulties, but not socially delinquent.

Our initial studies of girls consist uniformly of (1) *family and personal histories* which are verified by (2) *investigations* as extensive as is possible or practicable; (3) *physical examinations* to determine general fitness and the presence of remediable abnormal conditions or of infections that may call for isolation as well as for treatment; (4) *mental examinations*, including psychiatric and psychometric tests besides consideration of nervous balance, personality traits, emotional response, and reactions to specific experiences in life; (5) brief reports in which are embodied diagnoses and recommendations for subsequent treatment.

As a means of standardization of our material and for the sake of gaining a rough idea of intelligence, we have employed quite routinely the Terman revision of the Binet test as a part of our mental examinations. We were not dealing with an illiterate group, as all except about 6 per cent had had more than a fourth-grade education (over 31 per cent had gone as far as the eighth grade) and over three-fourths were native born, so that there was little language difficulty to consider in evaluating results.

The following table compares in respect to mental age a group of delinquent women in New York state reformatory institutions[1] with a group of 460 of our girls. Our group does not include the 300 girls and women examined in the Women's Day Court, 54 cases in which for various reasons psychometric tests were not given, or the 25 high-school pupils, who do not belong in the delinquent category.

It is now well known from recent published reports[2] that the mean mental age of the white draft is 13.4, and as a result

1 See *A Study of Women Delinquents in New York State.* By Mabel Ruth Fernald, Mary Holmes Stevens Hayes, and Almena Dawley, with a statistical chapter by Beardsley Ruml and a preface by Katherine Bement Davis. New York: The Century Company, 1920.

2 *Psychological Examining in the United States Army.* Edited by Robert M. Yerkes. *Memoirs of the National Academy of Science*, Vol. 25. Washington: Government Printing Office, 1921, p. 785.

many psychologists are coming to the opinion that average adult intelligence is more properly represented by a mental age of 15 or even 14 rather than 16 years, which was formerly considered the point at which mental growth ceases.

Comparison of Mental Ages of Delinquent Women in New York State Reformatories and Girls Examined at Waverley House Mental Clinic.

	New York Delinquent Women		Mental-Clinic Girls	
Mental Age	Number	Per cent	Number	Per cent
19–20	1	0.2	—	—
18–19	2	0.4	4	0.9
17–18	4	1.0	7	1.5
16–17	10	2.2	17	3.7
15–16	27	6.0	45	9.8
14–15	30	6.7	48	10.4
13–14	47	10.5	59	12.8
12–13	62	13.9	73	15.9
11–12	76	17.0	75	16.3
10–11	89	19.9	58	12.6
9–10	60	13.4	30	6.5
8– 9	30	6.7	31	6.7
7– 8	6	1.3	9	2.0
6– 7	3	0.7	4	0.9
Total	447	100.0	460	100.0

If we interpret the above table in terms employed in the army classification and consider that a mental age above 16 indicates a *superior* type of intelligence, it will be seen that the percentage of "superiors" in our group is somewhat larger than in the reformatory group—6.1 per cent to 3.8 per cent. Regarding the average mental age as lying in the period from 11 to 16, we find that here our group bulks large—65.2 per cent as against 54.1 per cent of the reformatory women. In the *inferior* class, with mental ages from 9 to 11, our group (19.1 per cent) falls below the reformatory women, one-third of whom (33.3 per cent) are found in this class. In the final division of the definitely *feebleminded,* our group and the reformatory group are almost equal—9.6 per cent and 8.7 per cent respectively. The mean mental age for our girls is 12.3 and that for the reformatory cases 11.8.

There is at present a healthy reaction from the tendency, prevalent a few years ago, to attribute to mental defect most

of the ills that infest society. Such an extreme view could not long be maintained. Practical experience disproves it, and such figures as the above indicate that a conservative estimate would place over 50 per cent of our adolescent delinquents in the average class *so far as their mental capacity is concerned.* However, the intelligence or mental capacity of our conduct-problem cases is by no means all that we have to take into account in estimating them. It is possible for a person to have a high intelligence quotient and yet be suffering from mental disease. A good mental development is not uncommonly found in a psychopathic personality. The next table, which gives a general classification based on psychometric and psychiatric findings of the four groups that we have studied, goes a step further than the table that presents merely mental ages, as it takes into consideration to some extent individual differences. It is far from satisfactory, nevertheless, as it does not allow for those individual variations that are dependent on neuropathic constitutions, personality traits, emotional reactions, and the like—factors that are of immense importance when it comes to understanding a person, regardless of intelligence or mental status.

Mental Diagnoses of Cases Examined from May 1, 1920 to September 30, 1921

Diagnosis	Total		Mental Clinic at Waverley House		Court		Evening Conference Hour	Washington Irving High School
	Number	Per Cent	Number	Per Cent	Number	Per Cent		
Normal intelligence	131	15.6	105	22.0	11	3.7	6	9
Dull normal intelligence	117	13.9	84	17.6	22	7.3	1	10
Border-line intelligence	122	14.5	65	13.6	52	17.3	3	2
Mentally defective	196	23.4	123	25.8	71	23.7	2	...
Psychopathic	199	23.7	58	12.2	129	43.0	10	2
Psychoneurotic	26	3.1	18	3.8	...	...	7	1
Psychotic	33	3.9	15	3.1	14	4.7	3	1
Epileptic	10	1.2	8	1.7	...	...	2	...
Glandular case	3	0.4	...	...	...	...	3	...
Drug addict	2	0.2	1	0.2	1	0.3	...	...
Total	839	100.0	477	100.0	300	100.0	37	25

In the preceding table we have ordinarily employed the term "normal" when the intelligence quotient resulting from a Terman test was 90 or above, and when, in addition, a constitutional psychopathic state, a psychosis, epilepsy, or a psychoneurotic condition could be ruled out. In a few instances, where there seemed to be average native ability, but language or educational deficiencies were responsible for low Terman scores, diagnoses of normal mentality were made. In the same way, the terms "dull normal" and "border line" were employed, the former usually when there was an intelligence quotient of from 80 to 90, the latter when the intelligence quotient ranged from 70 to 80. But in some few instances, where the conduct and general attitude warranted it, diagnoses of mental defect were made when intelligence quotients were over 70. Generally, however, the term "mental defect" was used in cases where the intelligence quotient was below 70[1] and the school record and social history indicated inability to manage affairs with ordinary prudence or competence; that is to say, the Terman tests were employed as routinely as possible because, as we have already stated, the value, for purposes of comparison, of well-standardized psychometric tests was recognized. But the result of a Terman test was never the sole basis for a diagnosis, as individual reactions and make-up, also, were invariably considered in deciding the person's mental status.

The "psychopathic" group, as used in our terminology, includes those individuals in whom instability is a prominent and consistent trait. There are, also, frequently found in this group defective emotional reactions to situations, either exaggerated or inadequate, a lack of ethical sense, exaggerated egotism, and, as a result of these conditions, single or combined, poor adaptive power. Such people are weak, incompetent, excitable—often in a high degree—unstable in mood, sometimes with distinct pathologic trends—for example, paranoidal; yet many of these cases, weak and antisocial as their conduct shows them to be, may make a good showing in a Terman test.

The better to describe these individuals, we sometimes subdivided them into constitutional inferiors, constitutional psy-

1 Excluding deteriorated conditions from psychoses or epilepsy.

chopathic inferiors, and psychopathic personalities, the constitutional inferiors having less instability than the constitutional psychopathic inferiors, the psychopathic personalities having higher intellectual development than the other two, but showing marked instability, egocentricity, and extremely low adaptive power.

Under "psychoneuroses" we included hysterias, feelings of inefficiency, morbid fears, anxiety states, and the like. The terms "psychoses" and "epilepsy" need no explanation.

It was interesting, though not surprising, to find in the high-school group a relatively larger number with normal intelligence than in any other one group—a fact strikingly illustrated in the alertness of these girls, in their interest in studies, reading, sports, music, clubs. Their vivid enthusiasm for a variety of wholesome things was in marked contrast to the paucity of interest in our delinquents, who were resourceless, for example, in providing entertainment for themselves and who depended for their pleasure on the constant external stimulus of dance halls and moving pictures instead of showing ingenuity, initiative, and imagination in devising original recreation. We are often told that one reason why these delinquent girls seek their pleasure on the streets and in public places is because their homes are so unattractive that there is nothing to hold them, but this argument is refuted by the fact that there are many girls in the high school who come from as bare and poor homes as any of our delinquents, yet their interests and ambitions safeguard as well as lend zest to their humdrum, poverty-stricken lives. The part that the better intelligence of this latter group plays in the production of interest in life is, of course, not to be forgotten. It is worthy of note, also, that although these high-school students were referred because they were problems, only two of the 25 girls were considered psychopathic.

As an illustration of the small amount of mental conflict that the behavior of our delinquents occasions them we found that of the court group none were considered psychoneurotic, and only 3.8 per cent of the Waverley House girls. A much larger proportion (7 out of 37) was found among the evening-clinic cases, who came for the most part for the discussion of personal problems.

Although we have always included in our medical histories the presence or absence of neurotic traits—that is, convulsions in early life, excitability, timidity, temper tantrums, nail biting, bed wetting, sleep disturbances, tendency to nausea—during the period covered by this report we paid special attention to these conditions, and we believe that the following table, based on 306 cases with positive neurotic traits, is significant.

Neurotic Traits of 306 Girls Classified According to Mental Diagnosis

Diagnosis	Total	Neurotic Traits					
		One	Two	Three	Four	Five	Six
Normal	57	19	18	10	5	4	1
Dull normal	51	20	18	8	4	1	..
Border line	41	11	7	18	2	2	1
Mentally defective	79	25	23	20	8	2	1
Psychopathic	45	12	24	5	4	..	..
Psychoneurotic	17	6	5	4	1	1	..
Psychotic	8	2	1	3	2	..	..
Epileptic	5	1	4	..	..	..	..
Glandular case	3	1	2	..	..	..	..
Total	306	97	102	68	26	10	3

The above table does not include the girls examined at the Women's Day Court, but corresponding data for this group were compiled by Dr. Augusta Scott.[1] It is noteworthy that the percentage of girls with neurotic traits is the same for the two groups—57 per cent. A comparison of the distribution of neurotic traits is shown in the following summary:

	Waverley House		Women's Day Court	
	Number	Per cent	Number	Per cent
Number having one neurotic trait	97	31.7	73	46.5
Number having two neurotic traits	102	33.3	48	30.6
Number having three neurotic traits	68	22.2	25	15.9
Number having four neurotic traits	26	8.5	8	5.1
Number having five or more neurotic traits	13	4.2	3	1.9
Total number having neurotic traits	306	100.0	157	100.0

1 See *Three Hundred Psychiatric Examinations Made at the Women's Day Court, New York City.* By Augusta Scott. Mental Hygiene, Vol. 6, pp. 343-69, April, 1922.

These neurotic traits are tangible indications of a fundamental instability that seriously interferes with the making of the adaptations that daily life continually demands of everybody. Instability such as this is a big factor in the failure of people with average intelligence to adjust efficiently to circumstances, and we have these ordinarily bright but unstable girls running away from home, perhaps, or indulging in other impulsive acts because of quarrels, morbid sensitiveness, or difficulty in putting forth sustained effort or in maintaining interest in routine matters.

These social manifestations of instability are particularly difficult to cope with successfully when they occur in those with definite defect or in the constitutionally inferior, whose adaptive powers are weak at best and who accordingly react badly to the unfavorable environment in which they so often find themselves.

Of the 125 cases diagnosed as feebleminded in our group, excluding the court series, custodial care was recommended for 52; it was obtained for 10 and commitment for 3 others is pending. Reasons for not attempting to secure it for the remaining 39 for whom it was considered desirable are as follows:

Follow-up work handled by other organizations	17
Family opposition	10
Physical condition necessitating treatment	5
Sent to a reformatory	2
Placed at work in hospitals	2
Sent to a state hospital	1
Family disappeared	1
Court insisted on marriage	1
	39

Of the five girls whose physical condition demanded treatment, three had a venereal disease, one was pregnant, and one had trachoma. The girl sent to a state hospital had a psychosis superimposed upon feeblemindedness.

More than passing mention should be made of the case in which the court insisted on marriage, because of the extraordinary attitude of the magistrate towards an obviously feebleminded, unstable, seventeen-year-old girl who unquestioningly went to live with a stranger whom she met in a

moving-picture house and for whom she submissively prostituted herself until she was well advanced in pregnancy. She then returned to a family that had befriended her and through a visiting nurse was referred to this organization. Two men were arrested, charged with abduction. The following report was sent to the court:

> "*Your Honor:*
>
> "I submit herewith a report on M. S. who has received physical and mental examinations at this clinic.
>
> "M. gives a history of neurotic traits, which indicate nervous instability. She has defective vision. The Wassermann test is reported doubtful by the Board of Health. She is about six months pregnant.
>
> "Mentally, she is a low-grade-feebleminded girl, definitely at the mercy of her environment, as her power to plan and reason is of such low order. There is no one responsible for her, her mother, a woman of doubtful reputation, having disappeared several years ago, her father being a city charge because of advanced tuberculosis. The man with whom she lived is obviously unfitted to care for her and would be apt only to exploit her if she were allowed to marry him. In spite of the presence of his two children, his apartment was used nightly for immoral purposes, while M. and another girl were living with him.
>
> "In view of the above facts, M. is considered suitable for commitment to a custodial institution, and the necessary papers have been prepared at the mental-hygiene clinic, Bellevue Hospital. As soon as possible after her confinement, arrangements for her commitment will be made."

The judge expressed appreciation for the "sweet" coöperation of this association and announced that he had given the case an unusual amount of thought, as a result of which he had decided that marriage was the most desirable disposition, in order that the coming child should not be a public charge. This he considered a "practical, sensible" view of the situation, and he added that he hoped that no one would think him sentimental. He was not influenced to change his mind when reminded that the two children of this procurer, the prospective bridegroom, were at that time public charges and that later children who might be born of this union stood good chances of becoming public charges, also. That there might be no slip in the matter of the marriage, the court instructed an officer to accompany the pair immediately to secure the license, and the ceremony was promptly performed. As the family went to live in Coney Island, the case was referred to a Brooklyn organization for follow-up care. At last accounts, this low-grade-feebleminded girl, her husband, his

two children, the new baby, and a man boarder were living in two rooms. The husband had been told that the man boarder should be sent away, but he did not seem to see any necessity for such action.

Limited institutional space and family opposition combine to make it impossible to secure custodial care for all those who need such protection, and as a result such organizations as this are called upon to supervise in the community many mentally defective persons who are clearly socially incompetent. The amount of time and energy that these individuals consume is appalling when one realizes how little constructive work is done for them, or how much might be accomplished if a similar amount of effort were expended on more hopeful material. The following case will illustrate my point:

> L. M. was a neurotic, feebleminded girl, aged 16 when referred to our association for protective care by another social agency in February, 1920. We found the home and family background bad, the parents and seven children living in four dark, dirty rooms in a bad neighborhood. The father was lazy and intemperate, the mother weak and ineffectual, two older brothers were drug addicts, the older married sister neglected her husband and children and was considered a prostitute. We were the tenth known social organization to interest itself in this family. At the age of 10, L. had been brought before the Children's Court and sent to a Catholic protectory for a year, as her parents were then charged with improper guardianship, intemperance, and neglect. When nearly 15, she was again in the Children's Court, this time for sending obscene post cards to her school teacher. She was put on probation for one year, during which time she was considered satisfactory. Her attendance at school was irregular, and she left at 15½ when in 6B. She was then employed in various factories where, although her work was "fair", she was unreliable, seldom reporting for more than three or four days a week.
>
> Shortly after she came to our attention, L. created considerable excitement in her neighborhood by telephoning to Bellevue for an ambulance, saying that her father was insane. The ambulance came with three officers, but the surgeon refused to take Mr. M. away. Whereupon L. telephoned to the police station, making the same report, and seven policemen came to the house in response to this call, looking for the alleged insane patient. Meanwhile, L. with her bosom friend watched proceedings from the steps with amusement and interest. It was following this episode that L.'s mother made a charge of incorrigibility against her, but before the girl could be produced in court there was another spectacular scene when she attempted to run away from the officer who sought to arrest her, and when finally caught, she was so violent and disorderly that a patrol wagon was called to convey her to court. Her arrest brought her to Waverley House, as she was remanded for physical and mental examinations.

Her mother then gave information hitherto concealed regarding the girl's vile tongue, late hours, threats to run away, and gossip concerning her going into cellars with men. L. vehemently denied sex experiences, but a physical examination did not confirm her denials. According to the Terman test, she had a mental age of but 9.2 (I.Q. 57) and was diagnosed as feebleminded. In addition, she had marked emotional instability with a history of definite neurotic traits. The court requested that the girl be sent to Hillcrest Farm, and although it was regarded as a doubtful experiment, this was done, and for three months L. ceased being a social problem, as she was amenable and "good", at least negatively. On her return to New York, there was some difficulty in getting her placed at work, but after a month she consented to take a position as helper in Campbell Cottage, White Plains. She was reported as shiftless and irresponsible, but not troublesome in conduct. However, after two months she left, saying that she was homesick in the country. She had a "wild" month in the city, running about until all hours with her sister and men in taxicabs and skillfully eluding workers who attempted to convey her by the hand to positions. At last she agreed to become a helper with housework in a small family, and there for a time, under strict supervision, she proved such a success that everybody was pleased, and her mother came to express thanks to the association for the great improvement in L. and, at the same time, to ask if something could not be done for her prostitute daughter.

Before long, however, there were complaints of L.'s undesirable companions, very late hours, and stubborn refusal to improve her ways, so that her employer decided that a "change would do L. good". This was in August, 1921, since which time nothing of benefit has been accomplished for the girl, in spite of much effort on the part of workers. She keeps very late hours, does no work, and insists on going about with her married sister, in spite of the protestations of her mother and of visitors from this association. She eludes the latter, who are commonly greeted by a voice behind a locked door announcing that nobody is home. It is reasonable to assume that it will not be long before L. is a more serious social problem[1]; yet without the coöperation of the family, which it had been impossible to secure to date, commitment to a custodial institution could not have been accomplished.

Some idea of the amount of time consumed in completely unproductive work in this case may be gleaned from the fact

[1] This prophecy was fulfilled in December, 1921, when L.'s mother came to ask for help in getting the girl "put away", as she had recently found her and her sister hiding in the bedroom of an apartment above, occupied by a bachelor. He and another man were present when the mother entered. L.'s late hours and bold behavior with men in hallways had made it necessary for the family to move from their previous home, and it was thought that for the same reason another move would be requested. L. was arrested, charged with incorrigibility, and taken to the Women's Day Court. Although it was hoped that this might serve as a means of securing custodial care, the girl was sent to the House of the Good Shepherd on an indeterminate sentence. A full report was immediately sent to this institution, emphasizing our conviction that the girl should not be returned to the community because of her mental irresponsibility and nervous instability.

that forty-five visits were made, twenty-one interviews took place at club houses or at our central office, twelve letters were written, there were telephone calls, and the placement secretary gave time to securing for this girl two excellent positions, besides referring her to others which she never took the trouble to follow up. The court procedures, also, have all taken much time. Moreover, L. has been altogether forty-three days in Waverley House and three months at the farm, during which periods she was fed, otherwise cared for, and taught. Her reaction to favorable environments is such, for short periods at least, that it is possible she would make a good adaptation to a custodial institution. At any rate, this would seem the only logical disposition of her, as it is clear beyond question that home supervision is a failure in her case, as in that of many others like her.

The deleterious influence of family and companions often greatly overbalances the efforts of a worker to inculcate habits of industry and better personal standards in these mentally defective individuals. Their low critical sense and high suggestibility make them very dependent on their surroundings, and it is often felt that if they could be taken from their homes and have a favorable environment, they might be useful and happy in a modified community life. To meet this need of high-grade cases who are capable of being efficient workers along certain lines, an extension of the colony plan is suggested—that is, placing together, in or near their home cities, under the direction of intelligent matrons, groups small enough to make careful supervision possible. The girls should be placed at work for which they are suited or for which they have been trained and in which they are not subjected to competition with their mental superiors. They should be encouraged to feel financially independent and also to contribute to their families if necessary. This plan would tend to make families more willing to have their daughters away from home than they often are when possessed by the thought of all that the state is realizing from these girls, whose economic value increases with absence. Also, frequent visits, which are often impossible to the more distant state institutions, would serve to allay suspicion.

The supervision that is given in a well conducted colony,

together with considerable liberty, make a good combination for these cases. Recreation, such as other girls have, helps to keep them contented, but it can be kept within safe limits. There is, of course, bound to be a certain amount of failure in such a scheme. This is to be expected, in view of the material involved. But some cases would respond favorably, as the Rome[1] and Waverley statistics show, and the chances for success are better in well conducted colonies than in community life under the care of a parole officer. With the tendency on the part of custodial institutions to parole after a few years adolescents and young adults at the height of their sex life, commitment, which is accomplished with so much difficulty, often seems a farce. While it is undoubtedly true that high-grade defective persons can profit from institutional training in habits of industry, cleanliness, and the like, their instinctive demands are not trained out of them so easily, and girls and young women who have had sex experiences are apt to return to sexual irregularity unless so carefully safeguarded that they have a good substitute for custodial care. In addition to furnishing this, the colony plan, if extended, would centralize the work of community supervision for mentally defective persons and thus free many social workers from the futile expenditure of time and energy that we have concretely illustrated.

By comparing among our cases series of feebleminded girls who have done well with others who have done ill, an attempt was made to find some consistent factor that would shed light on the causation of conduct and thus aid in efficient treatment for similar cases in the future. This study, however, led us nowhere; that is, we found in both groups—those "doing well" and those "doing badly"—girls with comparable degrees of mental defect, with and without neurotic traits; so it is not alone the combination of instability and mental defect that makes for unsatisfactory conduct, important as these factors often are in antisocial behavior.

We come back, then, to our starting point—in other words, to the *absolute necessity* for individualizing the study and treatment of all sorts of problem cases. It is this basis that

1 See *Colony and Extra-institutional Care for the Feebleminded.* By Charles E. Bernstein. MENTAL HYGIENE, Vol. 4, pp. 1–28, January, 1920.

makes the work perennially interesting because of the endless varieties and combinations of personality, emotional reactions, physical and mental conditions, environment, and heredity that underlie human conduct.

Let us consider briefly some cases in which our study has had an important bearing in immediate disposition or subsequent treatment.

W. A., a woman of 24, came one day to Waverley House with her husband and an attorney whom the former had consulted with the idea of securing a divorce. The lawyer suspected from the woman's erotic behavior in his office that she was mentally unbalanced, but did not know how to secure proper care for her and went with the pair to the Second District Court. There the presiding magistrate said that he would seek for advice from a psychiatrist before committing her to Bellevue, and accordingly sent her to Waverley House. The husband stated that they had been married for over four years and had one child. They were fairly happy until recently when his wife offended his sense of propriety by her familiarity, not only with strange men, but with those socially inferior to her. She lost interest in her home, neglected her baby, was very restless, and complained of insomnia. "She had tantrums, when she became violent and cursed." The husband was not impressed by her need for special care, but considered her a wicked woman, and her two attempts at self-destruction, as well as one attack on him, did not serve to give him insight. A very brief examination at Waverley House showed that the woman was definitely psychotic, and she was promptly returned to court with the recommendation that she be sent to the psychopathic ward at Bellevue. This was done and she was transferred thence to the Central Islip State Hospital with the diagnosis of manic-depressive insanity, manic phase. A serious injustice would have been done this patient had she received no psychiatric examination. A recent report from the hospital states that she is improving, and she will undoubtedly take her place in her home as soon as recovery is complete.

P. A., an Austrian girl of 19 living in a neighboring state, was referred by the protective department for an "efficiency test" and came to Waverley House accompanied by her father. This girl, who is seclusive, prudish, a daydreamer, has been out of sympathy and contact with her family since her childhood. She constantly showed great resentment at any attempt to make her act contrary to her desires. She has been restless and has run away a number of times. One of the ambitions that she expresses is to be an actress or dancer, and she once ran away and joined a traveling show. Her family are apparently intelligent and in fairly good circumstances, but they have had no insight regarding the girl's behavior. A short time before her examination, she had come to New York announcing that she intended to stay here, and her father, after talking with the director of the protective bureau, was only too willing to leave her in the city under the nominal charge of this association, since she had been such a problem to her family. Examination showed, however, that she had many of the symptoms of early dementia praecox. She had definite hallucinations, distinct ideas of reference,

and was probably delusional in addition, thinking, for example, that her food was sometimes tampered with for the purpose of poisoning her. It was felt, not only that she should not be encouraged to stay in New York to enter upon the sort of career that she constantly talked about, but that she was distinctly in need of care, either in a hospital or under some psychiatric clinic. The facts were set very frankly before the father and an effort was made to get him in touch with the proper facilities in the state where he lived, but he was unwilling to consider this at the time of our interview, since he feared that such care would make it impossible for her to get work later, and he could not believe that her condition was as serious as it appeared to be. He did, however, take her home. Had no examination been made in this case and the girl been left to an independent existence in New York, she might well have got into serious difficulties, since she was so negativistic that advice presented in the most friendly way was resented.

Intensive study in the case of G. L. materially helped, we believe, to avert a severe sentence which would have been disastrous to a girl of this type. G. is a girl of 19 who was referred by Judge Koenig, of the Court of General Sessions, for fifteen days' observation at Waverley House. She had pleaded guilty to a charge of grand larceny preferred by the department store that employed her, and sentence was postponed for two weeks in order to have physical and mental examinations made. It was thought that G.'s emotional reaction to the serious charge made against her was inadequate. We found that in the matter of intelligence development she was dull. In addition to that, she was definitely immature. This attitude was undoubtedly the result of the way in which she had been brought up, as no initiative or independence of thought or action had been encouraged. It seemed probable that she was an illegitimate child, born when her mother was but fifteen. During her early childhood, G. was passed around from one cheap boarding place to another and never knew any real happiness. When she was 11, she was taken by a maternal aunt and her husband, well-meaning, kindly people, but very narrow and oblivious to the fact that adolescents need a certain amount of recreation and not constant criticism and correction. G. was always timid, sensitive to ridicule, and emotionally unstable. In disposition she was naturally social, generous, and rather pathetically anxious to be liked. She often had dreams that appeared to be simply wish-fulfillments, such as that she had lots of money which she spent for the benefit of others. The atmosphere in her aunt's home exerted a distinct repressive influence, but she made little effort to emancipate herself from the restrictions imposed by her aunt and uncle until late in 1920, when, following an "argument", she went impulsively to spend the night with a married friend. She met kindness and sympathy there, and decided to remain for a while. At home she had not been allowed to make even trivial decisions for herself, and therefore was unprepared to use wisely her suddenly assumed independence. For the first time in her life she bought her own clothes and was forced to use a part-payment plan that reduced her weekly wages embarrassingly. She found in her new environment many opportunities to gratify her liking for giving presents as well as for making herself popular and of some importance. Furthermore, she was free from the searching questions that her aunt had asked regarding any new possessions. At home she had had nothing but actual necessities

in the way of clothes and she had vainly longed for pretty dresses and trinkets. In the large department store where she worked in the jewelry section she was surrounded by a bewildering quantity of beautiful things, and any scruples that she had at first about taking articles seem to have been undermined by a rather easy attitude that her associates had regarding stock.

It was a gradual and insidious process that led from the mere wearing of articles that had been pronounced unsalable or from appropriating pearl beads left after restringing to taking deliberately, to giving away at first things of little value, but later jewelry worth hundreds of dollars.

G. was markedly suggestible and immature; consequently, in situations calling for judgment and foresight she got on poorly. She had not been encouraged to do independent thinking, and this was one reason why she accepted so easily conditions that a more aggressive or a more intelligent person would have rejected. Her emotional reactions were childish. She had capacity for affection and loyalty to friends, but did not grasp adequately the significance and far-reaching consequences of conduct as would an older person or one who had greater mental capacity. Hence her baffling reaction to the charge against her and its possible results.

Because of the girl's personality, cramped and repressed life, nervous instability, and mediocre mental equipment, it was felt that it would be a very serious mistake to give her a severe sentence, which seemed at one time inevitable. We strongly recommended a suspended sentence, and judgment was postponed, with the understanding that G. should be sent to Hillcrest Farm. This plan was immediately put into execution, and G. spent about six months in the country. There she was industrious, generous, and dependable, showing no deceitful tendencies. At first she was quiet and diffident, seldom expressing an opinion, but later she became more assertive and more self-confident, responding favorably to an atmosphere of friendliness, trust, and freedom. She took the greatest delight in everything beautiful. She was thought to be introspective and occasionally spoke of a feeling that there was some mystery concerning her life which had kept from her the affection for which she had always longed.

This extended period of observation at the Farm has served to confirm the impression gained of her during the period of observation at Waverley House. She has good habits of industry, but is not fitted for highly specialized or complicated work calling for rapid readjustments. Telephone operating, which she liked and in which she had made a satisfactory record, is considered a good type of employment for her; she had expected to be given a switchboard in the department store when she was taken on there. It is believed that if she can be given a suitable form of employment and the right sort of home background and companionship, she will become a good citizen.

In the Waverley House group there were many runaways. A special report, *A Study of One Hundred and Fifty Runaways*, was prepared by Miss Elizabeth Greene, psychologist of this association, and read at the Second International Congress of Eugenics, held in New York in September, 1921. The

motivating factors in these cases are many and varied, but looming large by virtue of frequent repetition are restlessness and dissatisfaction, so common in adolescents, as well as curiosity, self-assertiveness, revolt against authority, and a desire for emancipation from family rules or demands. It is an interesting fact, too, that some of these runaways came from families that have a definite tendency to wander. Many are the children of immigrants; they have no love or reverence for this country or for that of their parents. Practically no community ties exist for them, and energy, impulsiveness, intolerance for existing conditions, or a desire for adventure prompts them to leave home. In addition to the instability that is a recognized characteristic of normal adolescents, one finds repeatedly in this runaway group the presence of neurotic traits that point to a neuropathic constitution. The adjustments necessary in dealing with these youthful runaways are often complicated and the results are incalculable. Important factors in treatment are securing a better understanding between children and parents, increasing mutual responsibility, providing congenial work suited to individual capacity, and making satisfactory arrangements regarding the girls' earnings, as well as provision for suitable recreation. In the cases of girls who are returned to their homes outside of New York, efforts are made to carry on through local social agencies the program that develops from our study.

Our experience has shown that for the adolescent girl who lives in New York, or who stays here long enough for some hold to be obtained over her, the treatment that will best stand the test of years consists of the establishment of a friendly relationship between the girl and some worker who thoroughly understands. This does not mean that in every instance where such a relationship exists, one can report that the girl is "doing well"—there are too many unmodifiable or unpredictable factors in such cases to make it possible for any counteracting agent to win out invariably—but it does mean that it is the most constant element in our successes. In the beginning especially, it may be necessary for this friendly interest to extend, not only to all the minutiæ that affect the girl's life directly, but also to everything that enters into her

background. The latter may be practically unalterable, but knowledge concerning it will help materially in understanding the girl and her reactions. This interest cannot stop with such objective things as providing suitable work, arranging for membership in a social club, or securing much needed glasses, important as these things are. It must include also interest in more subtle things, such as home irritations or worries, friendships, love affairs, special reasons for sensitiveness, and the like.

Furthermore, this interest, if it be successful, can be neither simulated or mechanical, for girls are quick to detect perfunctory attention and may resent having the term friend used by one who impresses them as lacking in the attributes of genuine friendliness. Once a girl gets the feeling that she can count on a constant interest, close oversight may not be necessary, as she will want to come and talk over her joys and sorrows with her friend, but it is often necessary to work patiently and warily for the establishment of this relationship in the beginning.

Patients at the Evening Clinic

The small group examined at the evening clinic, most of whom were referred by district workers of this association, presented a variety of problems that involved adjustment to family situations and to personal sex difficulties. There were also cases of improper glandular functioning which produced tension and irritability as well as definite physical symptoms; there were cases of epilepsy, of mild depression, of feelings of inefficiency, and of unhappiness due to various complexes. A lack of understanding of sex impulses was common among these patients, as was strikingly illustrated in the case of an attractive, wholesome-appearing young woman who came with complaints of depression and emotional instability. Although she had received but a limited education, she had, by means of good native ability, ambition, and energy, worked herself up to a position as head of a department, with one hundred girls under her. All went well until she fell in love with one of her employers, marriage with whom, her reason told her, was impossible, as differences of race and social position presented formidable barriers. So keenly anxious was she, however, to have him think well of her that she reacted in a very

morbid and exaggerated way to groundless gossip about her which she insisted was circulating in the office. Because her employer did not immediately dismiss this gossip as ridiculous and impossible, she was hurt, tended to brood, and finally became so obsessed with the thought that she must *prove* her innocence to him that she resorted to most ill-advised methods, wholly out of keeping with her natural good common sense. She realized that she was becoming inefficient and that her position was jeopardized, but she had no insight regarding the underlying mechanism. She was brought to understand this, as well as something of her emotional life and instinctive needs, but her readjustment was slow and difficult.

Another young married woman was a psychoneurotic with syphiliphobia, or morbid dread of syphilis. She was a school teacher with a good educational background and considerable intelligence, but she had not been able to manage her emotional life successfully and showed serious judgment defects. A negative Wassermann served to reassure her regarding her fear of venereal infection, and a chance to discuss her numerous doubts and worries was, she felt, of definite help.

Some of these patients were seen on several different occasions, others only once, but in all cases suggestions for further contact were made to the workers interested in them. From the standpoint of mental hygiene, it is of great importance to get these patients to talk over their difficulties with a psychiatrist. Many are repressed, and the mere breaking down of reserve that a frank talk entails has distinct value. Hardly one of the patients seen at this evening conference hour would have gone to a mental or nerve clinic, as they would either not have recognized their need or they would have shrunk from incurring any possible stigma that might have come from being associated with a clinic of that nature. The Service Club furnished a pleasant neutral meeting place, and the girls had no hesitation in going there to talk over their troubles with a woman physician.

The High-School Group

The longer one works with girls who are usually considered delinquent, the more one is apt to long for opportunities to do preventive work. Therefore, it was with enthusiasm that we responded to the call from the advisors to students at a girls'

high school for help with some of their problem cases, for we realized that here was an opportunity to study the pre-delinquent, or those who showed tendencies towards antisocial conduct, as well as to help in the adaptation of the nervous, the psychopathic, or the dull girl who was attempting work too difficult for her. Two half-days a week were given to this work, from March through June, 1921, and twenty-five girls were seen. In order to gain an idea of what constituted problem cases in a high school, no cases presented as such were refused examination, and the results were most interesting. Roughly speaking, girls were examined because of conduct disorders, poor work, and symptoms of physical and nervous or mental difficulties, these singly or in various combinations.

Among the disciplinary cases was a fifteen-year-old girl, of border-line intelligence, who was incapable of doing the work she was trying to carry. Accordingly, she was bored, restless, and lawless. Recommendation was made that she be changed from the commercial to a trade course, which was more consistent with her limitations.

Another girl of fourteen years, reported for misbehavior in class and a tendency to criticize her marks, had average intelligence, but showed a distinct paranoid trend. She was a spoiled-child type, accustomed to gain her ends at home by tantrums. In school, when corrected, she substituted sulking or lawless talking for tantrums. She was egocentric, willful, opinionated, domineering, and stubborn, and had few friends because it was hard for her to adapt to their ways—"If they don't do what I say, I get angry." She tended to be constantly on the defensive in her remarks regarding school and showed a well-defined grudge attitude. "The bookkeeping teacher did not mark me right. I should have had at least a passing mark, but I got forty or fifty. In Spanish I was nearly the best in the class, but I got only sixty and I should have had eighty. It was just on account of my conduct; I used to scream out the answers. The elocution teacher never called on me, but she failed me. The physical-training teacher failed me because I would not wear gymnasium shoes. They have pets, those teachers."

In the management of this girl, besides certain suggestions regarding physical welfare, it was recommended that she be

given an active share in student government in order to force her to feel more pride in her behavior. This method has proved successful, and a definite improvement in conduct is reported.

Among those referred for physical reasons were five markedly under size, four of whom were sent to appropriate clinics—endocrine, orthopedic, etc. The fifth, Elena, was an Italian girl, aged fourteen, the oldest of ten children, five of whom died in infancy. She lived with her parents and four other children in two small, dark rooms on the lower East Side. To eke out the small earnings of the father, a common laborer, the mother did sewing at home and Elena sometimes helped her, as well as looked after the younger children. She seemed never to have had any childhood herself and was a pathetic, solemn little creature, pale, stunted, undernourished, with defective vision. Her mental development was normal for her age and she did fairly well in her studies, but constantly worried over not being a wage earner.

Immediately after our examination, the student advisors arranged that for a time five dollars a week from a students' loan fund should be spent for this child's benefit. Glasses and dental care were promptly procured. She was given a hearty, warm lunch at school and two glasses of milk during the session. Arrangements were made to give her some recreation and to send her to the country in the summer. She responded immediately by gaining in weight as well as by looking happier and less strained. She passed in all subjects in June, and is now taking a commercial instead of a general course, which will enable her the sooner to become self-supporting.

Caroline, a girl of 17, in the seventh term, puzzled her teachers and advisors by persistent cutting in certain classes and subsequent failure in work. The problem involved her mental status and make-up, as well as whether she should be advised to follow her expressed desire to study pharmacy after graduating from high school. Caroline was a quiet, well-mannered girl, very evidently self-conscious and repressed. Both parents were excitable and subject to marked variations of mood. Her father, a pharmacist, had had a definite nervous breakdown, when he was sufficiently depressed to threaten suicide. All her maternal relatives were nervous and apprehensive. Caroline herself had always been nervous, shy, sensitive, and conscious of an inferiority feeling. She had a violent temper and was often moody. She had been ambitious for a high-school education and did very well until the end of her second year. She then began cutting classes in subjects in which she was not to take

Regents and spent her time on chemistry and history, which interest her. Reasons for later and more extensive cutting appeared to rest largely on sensitiveness and her inferiority complex. For example, she greatly exaggerated a slight lameness and was self-conscious in physical training, which she greatly disliked, as she felt that she did less well than her companions. In French her feelings were sometimes hurt by "sarcastic" remarks of the teacher. So she childishly avoided possible opportunities for unhappiness until her teachers and family made her realize that she must reform or leave school. She had good mental capacity and seemed to react favorably to this ultimatum. She did not cut once during the term after her examination in March and passed all subjects in June with ratings from sixty to sixty-nine. Her desire to take up pharmacy seemed genuine, and it was recommended that she be encouraged to do so if she continued to do well.

The following is the most spectacular case in the small group of high-school girls:

Jean was referred because of what was considered a speech defect, as she either made futile attempts to talk, did not speak loudly enough to make herself heard in class work, or sometimes refused to have anything at all to say. She proved on examination to be a very definitely developed case of dementia praecox, a condition that had been absolutely unsuspected by her teachers and advisors, some of whom had considered that she might be a mental defective. In truth, she had very good mental development, but she was living so completely in a world of phantasy that she did not adapt herself with any uniformity to the demands of home or school. She asked only to be left alone that she might be free to indulge in her daydreaming, but she did fairly in the manual work connected with her dressmaking course. She was referred back to a psychiatric clinic which had lost track of her, and the school, after gaining an understanding of her condition, was willing to have her remain as long as she was able to do any work. Her program was adjusted to her needs.

A fifteen-year-old dwarf, with an abnormally large head, a crooked back, and deformed legs, was referred for physical examination and also because her physical-training teacher reported her as evasive, sly, secretive. This girl described herself as the "cross of the family" and constantly compared herself with a younger sister who was "well built and beautiful". She had never been as sensitive over her physical condition as she has been since coming to high school, as the preliminary school was in her own neighborhood where everybody knew her, and she accordingly did not realize how conspicuous she was until she came among strangers. During her first term in high school she was "blue" most of the time, ate little, and made no attempt to make friends. It seemed likely that her behavior, which was characterized as sly and secretive and which consisted in trying to get off the line in gymnasium, hiding behind the board, and the like, could be attributed wholly to painful self-consciousness, and her efforts not to become conspicuous rendered her more so. She talked freely of her sensitiveness and inferiority feeling so that it was easy to reassure and encourage her, as well as to help her to see how her conduct appeared to others. An

understanding of her personality was helpful to her teachers, and she seems now to be making a much more efficient and a far happier adaptation. She has average mental development and has a good chance for making good in her ambition to become a teacher of sewing for little children.

In all the high-school work splendid coöperation on the part of the principal, the student advisors, and the teachers was unfailingly given, and the prompt and intelligent execution of suggestions was most pleasant and profitable. Discrimination, too, was used in the choice of cases. This group, though small, showed so much variety that the need for psychiatric work in high schools is clearly demonstrated and we are glad to be able to continue it.

Detailed statistical tables[1] will be found at the end of this report (pages 566–74). From these we learn that 265, or about 50 per cent, of our group were sixteen or seventeen years of age. The 33 between thirteen and sixteen were either high-school girls or runaways, some of whom during the first interview found it as easy to add several years to their ages as to "kill off" their families, root and branch, the latter a transparent device for avoiding investigation. Those twenty or over were largely the evening-clinic patients, or cases referred by the courts. One of these was a woman sent for mental examination from a municipal court. She had been arrested for vagrancy, as she had no means of support and various charitable organizations felt that they were not justified in continuing to give her relief, since she refused all types of "menial" work and was not qualified to do anything more in keeping with her ambitions. She gave her age as sixty-five, which was considered a conservative estimate. She was clearly psychotic and was sent promptly to a state hospital for mental disease.

Regarding nativity, we find that while 78.7 per cent of the girls were native born, but 27.3 per cent had both parents born in this country. This is a fact of great importance in family life and in the behavior of these adolescent American girls, whose desire for independence frequently conflicts with the ideas of their parents, many of whom vainly attempt to

1 These tables were prepared by Miss Elizabeth Greene, psychologist of the New York Probation and Protective Association.

impose upon their children the conditions under which they themselves were reared abroad.

Our statistics tell us, further, that the proportion of "unfavorable" to "favorable" environments was approximately two to one, or, in other words, that 64 per cent of these girls were subjected to such unfavorable living conditions as extreme poverty with attendant crowding, broken homes, immorality, alcoholism or crime on the part of members of the family, cruelty or intolerance of parents, or we find that institutional experience played a part in the development of the child or youth. It is hardly necessary to state that, particularly for the suggestible mentally defective or nervously unstable individual, an unfavorable environment such as those mentioned is a factor of incalculable importance in determining conduct.

Although the table on institutional care deals mainly with small numbers, it strongly suggests that advantage is not taken of the opportunity that an institution affords to study different mental types and to base subsequent treatment on the results of such study. We find, for example, that of 119 who had been in at least one institution, 42 were mentally defective, and of these 20 had been in orphanages, 14 in reformatories, 4 in maternity homes, 2 in hospitals for mental disease, and only 2 in custodial institutions.

From the standpoint of education, our group does not make a brilliant showing. Only 45.5 per cent had completed the eighth grade, while but 14.2 per cent had had any high-school work. Nine per cent had attended a trade or business school. Twenty-one of the 25 designated as "miscellaneous" had gone to school only in Europe, and the other 4 were equally hard to classify according to our public-school standards. The 25 students comprising the high-school group are omitted, as their education was not completed at the time of examination.

The prevailing type of work is consistent with the educational attainments of our group. Thirty-six per cent were employed in factories, while 19.9 per cent had domestic positions. Those with better intelligence are naturally found in clerical or mercantile jobs. They show less scattering than do the duller or more unstable.

The wages received varied from less than $8 per week to $30 and over. Two hundred and thirty-three of our group of 539 earned less than $16 a week. It will be noted that of the 123 whose wages ranged from $16 to over $30, 63 fell into the normal and dull-normal groups.

The agencies that found these girls problematical and, therefore, referred them, were actually quite varied, but may be roughly grouped as social organizations, courts, schools, and the police department, especially the Bureau of Missing Persons.

Only 108, or 20 per cent, of our group were considered nondelinquent. Besides the 25 high-school students, these nondelinquents included 24 who came to the evening clinic largely for advice regarding personal problems and 59 others, most of whom were sent for examination because of personality difficulties or because they were making poor adaptations at home or at work. Some were sent because their physical condition seemed largely at fault, but even though this was given as the main reason for referring the girl to us, we made as complete a study as possible, since we realize how difficult it is to evaluate symptoms properly without all available data concerning the hereditary, social, physical, and mental factors in the case.

Four hundred and twenty-eight of the 539, or 79.4 per cent, were considered delinquent. Over two-fifths of the latter were runaways, and it may be of interest to note that 23.8 per cent of these restless adolescents had normal mentality, that 21.2 per cent were considered dull normal, and 10.1 per cent were psychopathic and consequently low in adaptive power and stability. Only 20.6 per cent were diagnosed as mental defectives. One-fourth of the total delinquent group were frankly sex offenders, 17.9 per cent of whom were classified as normal in intelligence, 15.1 per cent as dull normal, and 15.1 per cent as psychopathic, while 32.1 per cent were mentally defective. Besides the runaways and those charged with specific sex offenses, there were still smaller groups with such charges against them as incorrigibility, waywardness, vagrancy, larceny, and so forth. The caption "miscellaneous offenses" included the following: 11 preg-

nant; 3 disorderly conduct; 1 bigamy; 2 alcoholism; 2 homeless; 1 drugs.

Regarding physical condition, it may be said that on the whole it was good; the table on this subject is omitted because it was not considered of any particular positive value. The main conditions demanding attention were carious teeth with diseased gums, unhealthy tonsils, and defective vision. It was estimated that disturbances of the glands of internal secretion existed in 10 per cent of the cases, but this is not to be considered an accurate estimate, as the examiner is not an endocrinologist. Positive evidences of venereal disease was found in but 9 per cent.

The table dealing with mental conditions has already been discussed, but we cannot resist saying, in connection with remarks on our statistical findings, that although we appreciate the valuable background that general social facts supply, the part of our study immediately and fundamentally useful to us in dealing with our cases day by day is that which affords differentiation, but which is not easy to tabulate—in other words, that which acquaints us, not only with the mental status, but with individual traits and temperaments, qualities that cause one girl to react to a situation quite differently from another girl who is her statistical double.

Conclusions

The preparation of an annual report is in the nature of stock taking and should lead to some definite conclusions that strengthen opinions previously held or point to new ideas, the value of which is to be confirmed or disproved. A review of the mental work of the past year, linked to that of previous years, leads us to the following somewhat unrelated conclusions:

I. Our method of study and of individualized treatment is fundamentally sound. Its flexibility has been tested by the different groups with which this report deals.

II. For extra-institutional cases the most effective treatment lies in the establishment of a comprehensive, friendly relationship between the girl and some worker.

III. The difficulty of securing custodial care for high-grade mentally defective persons, owing to inadequate accommodations and lack of parental coöperation, also the waste of the time and energy of social workers in trying to supervise these cases in the community, lead us to advocate an extension of the colony system.

IV. A psychiatric clinic should be a permanent department of the Women's Day Court, not only for the sake of weeding out committable cases of mental defect, epilepsy, and mental disease, but also to aid in constructive work with girls mentally capable of benefiting from probation, by furnishing some clue to personality and to mental mechanisms.

V. Psychiatry has a very real contribution to make to educational institutions. While it is undoubtedly advantageous to detect and treat as early as possible actual or potential mental and nervous cases, it is a fact that at the present time, since little psychiatric work has been done in any schools, the high schools, with their adolescent groups, present material rich in possibilities for the mental hygienist.

Table 1—Chronological Ages of Girls, Classified According to Mental Diagnosis

Chronological Age	Total		Normal	Dull Normal	Border Line	Mentally Defective	Psychopathic	Psychoneurotic	Psychotic	Epileptic	Glandular Case	Drug Addict
	Number	Per Cent										
13 years	3	0.6	3	...	...	...	...	...	...	...	...	...
14 years	12	2.2	5	4	...	2	...	...	1	...	...	...
15 years	18	3.3	6	7	2	3	...	...	...	...	...	...
16 years	133	24.7	32	29	23	29	14	3	1	2	...	...
17 years	132	24.5	28	19	26	30	17	8	...	3	1	...
18 years	83	15.4	24	14	8	15	14	4	2	2	...	...
19 years	49	9.1	8	9	3	18	7	2	1	...	1	...
20 years	33	6.1	6	7	1	8	6	3	...	2	...	...
21 years	19	3.5	3	4	1	5	3	1	1	1	...	...
22 years	16	3.0	1	2	2	4	5	1	1	...	...	...
23 years	12	2.2	1	...	3	3	1	2	1	...	1	...
24 years	10	1.9	1	...	1	6	...	...	2	...	...	...
25 years or over	18	3.3	2	...	...	2	3	2	8	...	...	1
Unascertained	1	0.2	...	...	...	...	...	...	1	...	...	...
Total	539	100.0	120	95	70	125	70	26	19	10	3	1

Table 2—Nativity of Girls and of Their Parents

Nativity	Girls	One Parent	Both Parents
United States	424	55	147
Austria	12	15	32
Belgium	...	2	...
British Isles	16	33	40
Canada	5	9	8
Denmark	1	2	...
France	2	7	2
Germany	5	20	24
Greece	1	1	1
Hungary	5	3	8
Italy	15	7	57
Panama	2	...	1
Poland	4	2	14
Roumania	3	3	5
Russia	25	8	62
Sweden	1	...	3
Switzerland	2	3	1
West Indies	2	...	2
Other countries	3	2	3
Unascertained	11	18	34
Total	539	190	444

Table 3—Home Environment of Girls, Classified According to Mental Diagnosis

Diagnosis	Total	Favorable Environment	Unfavorable Environment	Unascertained
Normal	120	50	68	2
Dull normal	95	41	53	1
Border line	70	22	48	...
Mentally defective	125	27	89	9
Psychopathic	70	19	51	...
Psychoneurotic	26	6	19	1
Psychotic	19	4	10	5
Epileptic	10	4	6	...
Glandular case	3	1	...	2
Drug addict	1	...	1	...
Total	539	174	345	20

Table 4—Civil Status of Girls

Civil Status	Number	Per Cent
Single	475	88.1
Married	41	7.6
Separated	15	2.8
Widowed	6	1.1
Divorced	2	0.4
Total	539	100.0

Table 5—Religion of Girls

Religion	Number	Per Cent
Catholic	279	51.8
Protestant	145	26.9
Hebrew	100	18.6
None	2	0.4
Unascertained	13	2.4
Total	539	100.0

Table 6—Previous Institutional Care of Girls, Classified According to Mental Diagnosis

Table 6—Previous Institutional Care of Girls, Classified According to Mental Diagnosis

Number and Types of Institutions	Total	Normal	Dull Normal	Border Line	Mentally Defective	Psychopathic	Psychoneurotic	Psychotic	Epileptic	Glandular Case	Drug Addict
None	384	98	67	53	73	46	21	14	9	3	...
One institution	119	17	19	15	42	18	2	4	1	...	1
Children's home	61	9	11	9	20	6	2	3	1	...	...
Reformatory	46	7	7	6	14	10	...	1	...	...	1
Maternity home	7	1	1	...	4	1	...	...	...	...	...
Venereal-disease hospital	1	...	...	...	...	1	...	...	...	...	...
Mental-disease hospital	2	...	...	...	2	...	...	...	...	...	...
Custodial institution	2	...	...	...	2	...	...	...	...	...	...
Two institutions	26	5	7	1	7	3	2	1			
Two children's homes	6	1	3	...	1	...	1	...	...	...	...
Children's home and reformatory	10	3	3	...	2	1	1	...	...	...	...
Children's home and maternity home	2	1	...	1	...	...	...	...	...	...	...
Children's home and mental-disease hospital	1	...	...	...	...	1	...	...	...	...	...
Children's home and custodial institution	1	...	1	...	...	...	...	...	...	...	...
Two reformatories	4	...	...	...	2	1	...	1	...	...	...
Reformatory and hospital for mental disease	2	...	...	...	2	...	...	...	...	...	...
Three institutions	9	...	1	1	3	3	1	...	...	...	...
One home and two reformatories	2	...	...	...	...	1	1	...	...	...	...
Two homes and one custodial institution	1	...	1	...	...	...	...	...	...	...	...
Three homes	2	...	...	1	1	...	...	...	...	...	...
One home, one reformatory, one custodial institution	2	...	...	...	1	1	...	...	...	...	...
One reformatory, one hospital, one custodial institution	1	...	...	...	...	1	...	...	...	...	...
Three reformatories	1	...	...	...	1	...	...	...	...	...	...
Four or more	1	...	1	...	...	...	...	...	...	...	...
Two reformatories and "many" homes	1	...	1	...	...	...	...	...	...	...	...
Total	539	120	95	70	125	70	26	19	10	3	1

Table 7—Education of 514 Girls Seen at the Mental Clinic, Classified According to Mental Diagnosis

Grade Completed	Total	Normal	Dull Normal	Border Line	Mentally Defective	Pyschopathic	Pyschoneurotic	Psychotic	Epileptic	Glandular Case	Drug Addict
Ungraded	1	...	...	...	1	...	...	...	...	...	...
None	3	...	...	...	3	...	...	...	...	...	...
First	2	1	...	...	1	...	...	...	...	...	...
Second	2	...	...	...	2	...	...	...	...	...	...
Third	7	...	...	...	6	1	...	...	...	...	...
Fourth	15	...	2	2	10	...	...	1	...	...	...
Fifth	27	...	3	4	17	2	1	...	...	...	...
Sixth	66	4	11	14	29	3	2	1	2	...	...
Sixth*	5	1	1	1	2	...	...	...	...	...	...
Seventh	111	12	20	20	32	20	2	3	2	...	...
Seventh*	8	2	1	1	...	2	1	1	...	...	...
Eighth	126	34	29	15	17	13	8	4	4	1	1
Eighth*	35	18	8	2	...	3	2	1	1	...	...
High school 1	28	15	2	2	1	6	2	...	...	...	...
High school 2	22	9	4	1	...	5	3	...	...	...	...
High school 3	7	3	1	...	...	...	1	1	...	1	...
High school 4	15	6	...	1	...	6	...	1	1	...	...
College	1	...	...	...	...	...	1	...	...	...	...
Miscellaneous	25	6	3	4	3	5	1	3	...	...	...
Unascertained	8	...	...	1	1	2	1	2	...	1	...
Total	514	111	85	68	125	68	25	18	10	3	1

*Besides completing this grade, these girls had attended a trade or business school.

Table 8—Prevailing Type of Work of Girls, Classified According to Mental Diagnosis

Type of Work	Total		Normal	Dull Normal	Border Line	Mentally Defective	Psychopathic	Psychoneurotic	Psychotic	Epileptic	Glandular Case	Drug Addict
	Number	Per Cent										
Factory	194	36.0	26	30	37	68	18	4	4	6	1	...
Clerical	96	17.8	42	12	6	...	18	12	4	1	1	...
Domestic	107	19.9	15	21	15	34	14	1	6	1	...	...
Mercantile	41	7.6	9	9	4	7	6	4	1	1	...	...
Telephone and elevator girls	23	4.3	11	3	3	1	4	1	...	...	...	...
Professional	13	2.4	4	3	...	1	3	1	...	1	...	...
Agriculture	2	0.4	...	...	...	...	1	1	...	...	...	...
Unascertained	6	1.1	1	1	1	1	...	...	1	...	1	...
None	27	5.0	2	5	2	11	3	1	2	...	...	1
School	30	5.6	10	11	2	2	3	1	1	...	...	...
Total	539	100.0	120	95	70	125	70	26	19	10	3	1

Table 9—Last Weekly Wage of Girls, Classified According to Mental Diagnosis

Weekly Wage	Total	Normal	Dull Normal	Border Line	Mentally Defective	Psychopathic	Psychoneurotic	Psychotic	Epileptic	Glandular Case	Drug Addict
Less than $8	19	3	4	...	6	2	...	3	1	...	...
$8, less than $10	24	4	4	6	7	...	1	2	...	...	...
$10, less than $12	31	6	5	3	10	3	...	2	2	...	...
$12, less than $14	57	9	12	6	19	7	1	...	2	1	...
$14, less than $16	102	23	17	16	23	13	7	1	2	...	...
$16, less than $18	37	12	6	6	8	2	2	...	1	...	...
$18, less than $20	30	10	5	4	4	2	4	1	...	...	...
$20, less than $22	17	5	4	1	3	2	...	1	...	1	...
$22, less than $24	17	5	1	2	2	4	...	1	2	...	...
$24, less than $26	5	2	2	...	...	1	...	...	...	...	...
$26, less than $30	5	4	...	...	...	1	...	...	...	...	...
$30 and over	12	5	2	3	...	...	2	...	...	...	...
Position with maintenance	52	8	10	9	13	11	1	...	...	...	...
No wage	60	14	17	5	11	6	3	3	...	...	1
Unascertained	71	10	6	9	19	16	5	5	...	1	...
Total	539	120	95	70	125	70	26	19	10	3	1

Table 10—Sources from Which Girls Were Received

Source	Number	Per Cent
District workers	168	31.2
Police department	122	22.6
Travelers' Aid Society	80	14.8
Other social agencies	48	8.9
Courts	26	4.8
Probation officers	18	3.3
Boarding homes	20	3.7
High schools	26	4.8
Disciplinary institutions	10	1.9
Relatives and private individuals	11	2.0
Outside protective association	4	0.7
State Charities Aid Association	4	0.7
New York Commission for Mental Defectives	1	0.2
Board of Health	1	0.2
Total	539	100.0

Table 11—Presence of Abnormal Traits in the Heredity of Girls, Classified According to Mental Diagnosis

Diagnosis	Total	Abnormal Traits	
		Present	Absent
Normal	120	49	71
Dull normal	95	33	62
Border line	70	30	40
Mentally defective	125	72	53
Psychopathic	70	36	34
Psychoneurotic	26	15	11
Psychotic	19	7	12
Epileptic	10	5	5
Glandular case	3	...	3
Drug addict	1	...	1
Total	539	247	292

Table 12— Offenses of Girls, Classified According to Mental Diagnosis

Offense	Total	Normal	Dull Normal	Border Line	Mentally Defective	Psychopathic	Psychoneurotic	Psychotic	Epileptic	Glandular Case	Drug Addict
Running away	189	45	40	33	39	19	6	2	5	...	...
Sex offenses	106	19	16	13	34	16	2	5	1	...	...
Incorrigibility	37	8	2	3	13	6	5	...	...	...	...
Waywardness	37	10	7	5	7	5	2	...	...	1	...
Vagrancy	18	3	1	2	6	1	1	3	1	...	...
Larceny	15	7	3	...	2	3	...	...	...	...	...
Breaking parole	6	2	2	...	1	1	...	...	...	...	...
Miscellaneous offenses	20	1	2	3	9	4	...	...	...	...	1
Total delinquent	428	95	73	59	111	55	16	10	7	1	1
Nondelinquent	108	25	22	11	13	14	10	8	3	2	...
Unascertained	3	...	...	...	1	1	...	1	...	...	...
Total	539	120	95	70	125	70	26	19	10	3	1

A SOCIAL ANALYSIS OF A GROUP OF PSYCHONEUROTIC EX-SERVICE MEN

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THE basis of this study is a group of ninety-four ex-service men, all of whom were either in-patients or out-patients at United States Public Health Hospital No. 38, at 345 West Fiftieth Street, New York City, during a period of fifteen months—from November 1920 to February 1922. All of these men were in service during the period of the war, in either the army or the navy, and all have applied for government compensation, claiming that they are at present suffering from a disability resulting from their war service. They were sent to the hospital for treatment by the United States Veterans' Bureau and were referred in the course of examination to the consulting neuropsychiatrist, Dr. Robert Kingman, for diagnosis. As an aid in determining diagnosis and treatment, he requested the writer, a social worker on the staff of the Red Cross, to interview each man and obtain a detailed history of his case. This was done at the hospital under quiet conditions, and as much information as possible was obtained from each man regarding every period of his life. In a majority of cases, coöperation was easily obtained, as it was explained that the information was sought at the request of the physician and was a part of his examination. The histories have been verified in part by reports from the Home Service sections of the Red Cross. Much of the information regarding compensation has been gathered from official letters from the Veterans' Bureau in Washington. We feel that as a whole the information is reliable and that a very fair picture of the previous life and personality of each man has been obtained.

The group of ninety-four men selected for study in this paper were those for whom a diagnosis of some form of psychoneurosis was made. No cases have been included

where the diagnosis was that of some form of neurological disease, constitutional psychopathic inferiority, feebleminded-ness, ideopathic or traumatic epilepsy, cerebrospinal syphilis, tabes, or any form of psychosis.

The diagnoses made by the neuropsychiatrist for the group are classified as follows:

Diagnosis	Number	
Post-bellum neurosis:		
Psychasthenic type	3	
Neurasthenic type	3	
Hysterical type	18	
Not differentiated	19	
		43
Traumatic neurosis		6
Anxiety neurosis		6
Other neuroses:		
Sexual	1	
Cardiac	1	
Gastric	1	
		3
Neurasthenia:		
Primary	18	
Secondary	10	
		28
Neurocirculatory asthenia		6
Hysteria major		2
Total		94

These diagnoses are all subdivisions of the general classification of psychoneurosis, and the dividing line between them is not a hard-and-fast one. They are the so-called shell-shock cases which the war brought into prominence. The clinical pictures that they present have very striking similarities, the same train of symptoms being present in practically every case, with slight modifications in one direction or another. The most prominent symptoms are a generalized feeling of nervousness, lack of ability to concentrate, restlessness, insomnia, irritability, headaches—usually dull, but of long duration—depression and desire for solitude, dizziness with or without loss of consciousness, and a feeling of inadequacy. Accompanying these there are generally some somatic symptoms, such as pain in the heart or chest, shortness of breath, indigestion, or the like.

This paper aims to show something of the social history of these men, their general background before the war, the type of experience they had during the war, and their history since the war. We have picked out for tabulation information on the following points: age, birthplace and race, education, occupation before service, service record—including rank, place of service, wounds, accidents and illness suffered in service, and hospitalization during service—employment since discharge, hospitalization since discharge, and amount of government compensation and vocational training received.

The ages of the men, reckoned as of January 1, 1922, are as follows:

Age	Number	Age	Number
21 years	4	30 years	6
22 years	4	31 years	4
23 years	4	32 years	2
24 years	9	33 years	7
25 years	12	34 years	3
26 years	10	35 years	7
27 years	10	Over 35 years	2
28 years	4		
29 years	6	Total	94

The average age is found to be 27.4 years. If we assume the average date of entering service to be January 1918, the average age of the men at that time would be 23.4 years. Although we have no army figures for comparison with this table, it seems probable that the ages of these men would approximate rather closely those of the army as a whole, the largest group being found among those who entered service between the ages of nineteen and twenty-four. Twelve of our cases entered the army when thirty or more years old, which is perhaps somewhat above the army average.

Approximately three-fourths are found to be native born and one-fourth foreign born. The foreign born are for the most part thoroughly Americanized. They have been in this country for an average period of fifteen years and came here at the average age of thirteen years. Their birthplaces are shown in the following summary:

Birthplace	Number	
United States:		
New York City	35	
New York State	10	
New Jersey	9	
Pennsylvania	7	
Other states	9	
		70
Foreign countries:		
Italy	6	
Russia	6	
England	2	
Ireland	2	
Other countries	8	
		24
Total		94

The group as a whole includes two colored men, both of whom were born in the North. The number of Jews in the group is twenty. Eight of these are foreign born, six having come from Russia, one from Poland, and one from Armenia.

In tabulating the education received by the group, it is quite probable that the figures given are somewhat higher than the actual figures because, where the statement of the patient has been relied on for the information, he has been inclined to overstate rather than understate the amount of his education. The summary of the education attained by our group is as follows:

Grade Reached	Number	
Very little or no education	8	
Third grade	2	
Fourth grade	6	
Fifth grade	3	
Sixth grade	4	
Seventh grade	10	
Eighth grade	11	
Graduated grammar school	20	
One year high school	8	
Two years high school	8	
Three years high school	5	
Four years high school	1	
One year college	1	
		87
Fair education abroad	4	
Unascertained	3	
		7
Total		94

On the basis of eighty-seven cases, it is found that the average amount of education attained is the seventh grade. Over one-third of the group only reached the eighth grade or graduated from grammar school. Over one-half reached the seventh grade, but did not go further than one year of high school. These figures would probably correlate rather closely with figures for the general army group. Comparing them with statistics for a group of 48,102 drafted men, all of whom are native born and white, we find our figures somewhat lower, but it must be remembered that of our group one-fourth are foreign born. The average for the group of army drafted men is eighth grade. Those who attained the eighth grade are 30 per cent of the whole, while those who had less education than this are 41 per cent and those who had more 29 per cent. Approximately the same proportion (54 per cent) as in our group reached the seventh grade, but did not go further than one year of high school.* The average age at leaving school is found to be 14.8 years.

When the list of the occupations pursued before service was tabulated, it was found that there were thirty-five different occupations, varying greatly in the amount of skill and training required to perform them.

We have grouped them roughly as follows:

Occupation	Number	Occupation	Number
Unskilled labor:		Skilled labor:	
Laborer	6	Mechanic	8
Longshoreman	4	Woodworker	1
Peddler	1	Carpenter	3
Brakeman	1	Painter	3
Teamster	3	Butcher	1
Garage man	1	Printer	2
Stableman	1	Stonecutter	2
Messenger	1	Chauffeur	2
Tinsmith's helper	1	Steam fitter	1
Electrician's helper	1	Machinist	4
Foundry worker	1	Stove repairer	1
Laundry worker	1	Waiter	2
Iron worker	3		30
Factory worker	2		
Conductor	2		
	29		

* *Psychological Examining in the United States Army.* Edited by Robert M. Yerkes. *Memoirs of the National Academy of Science,* Vol. 25. Washington: Government Printing Office, 1921. p. 748.

Occupation	Number	Occupation	Number
Other occupations:		Seaman	1
Salesman	7	Soldier	1
Clerk	13		27
Entertainer	1	No employment because of early enlistment	2
Graduate nurse	1	Unclassified	6
Junior druggist	1		
Inspector	1	Total	94
Investigator	1		

This table would indicate that the former occupations of this group are rather evenly divided between unskilled labor, skilled labor, and other occupations which are in general of a higher type than the first two. None of the occupations is of a professional grade except that of graduate nurse. The two classes of skilled and unskilled labor together form 64 per cent of those employed.

The following table shows the number of years of employment between the time of leaving school and that of entering service. The information presented is not strictly accurate, as in many cases the patient himself could not remember how long he had stayed in his various jobs; it gives, however, a general estimate of the length of the working period prior to service.

Period Employed	Number	Period Employed	Number
None	2	13–14 years	8
Less than 1 year	1	15–16 years	4
1–2 years	9	17–18 years	1
3–4 years	12	19–20 years	0
5–6 years	22	More than 20 years	1
7–8 years	15	Unascertained	3
9–10 years	11		
11–12 years	5	Total	94

From our data we find the average number of years of employment to be 7.4 for the period between leaving school and entering service. The average length of this period is actually 8.6 years, since the average age of leaving school is 14.8 years and that of entering service 23.4. One may assume, therefore, that on the average each man was employed for all except a little more than a year of the period before service.

A rough estimate of the character of the work record, based somewhat on the type of information the man was able to

give concerning his jobs and his general attitude in referring to the subject, is as follows:

Character of Record	Number
Good	37
Fair	37
Poor	15
Unascertained	5
Total	94

This is of interest in showing that out of the group there were only fifteen whose work record was so irregular as to be classed as poor; all of the others had apparently worked with at least a fair degree of steadiness, and thirty-seven had stuck to their jobs well and been steadily employed.

When questioned regarding their health prior to service, eighty-five of the men stated that they were in good health at the time they enlisted. A large majority of them said that they had never during this period had any serious illness. Of the eighty-five, fifty-three were questioned specifically as to whether they had ever felt nervous before service, and in every case this was denied. Of the whole group, two said that they had had prior illness or injury which had to some extent undermined their health, and seven gave a history of some form of nervous trouble. Two of these seven had had chorea; two said they were nervous and sensitive when young; two gave a history of previous nervous breakdowns; and one had had "convulsions and fainting spells".

We have also considered the factor of instability prior to service, and find in the group five men (exclusive of those with a history of nervousness) who showed definite symptoms of instability. Two of these ran away from home when about ten years old, and the other three drifted from one job to another without adequate excuse. In the group as a whole, then, there are only twelve cases with a history of nervousness or instability prior to service. This would seem to indicate strongly that, as a group, these men are not notably unstable or of particularly nervous temperament. This conclusion is borne out by the general observations of the writer in talking with the men individually.

In considering the service record, we find that of the ninety-

four cases, eleven served in the navy and eighty-three in the army. We have classified them according to the rank held, giving them the highest rank attained even if they were subsequently demoted. In this table we have classed the army and navy men together, using the nomenclature of the army.

Rank	Number
Private	70
Corporal	10
Sergeant	12
Commissioned officer	2
Total	94

From this it is seen that 74 per cent of the men held the rank of private and 26 per cent a rank above that. This is a fairly high percentage of men of the rank of noncommissioned or commissioned officers. Of the commissioned officers, one was a regular army man who had been in the service seventeen years before the war and had worked up from the ranks to the position of captain, and the other was a second lieutenant in the air service. The ranks in the navy varied from gunner's mate to apprentice seaman and included four of the rank of noncommissioned officer and seven with a rank equal to that of private in the army.

With regard to the manner of entering service—that is, whether the men enlisted or were drafted—it was found that twenty-nine were drafted and fifty-two enlisted. The thirteen unascertained cases are those who were not questioned as to their manner of entering service. We should judge, however, taking into account the date of their entering service, which is known in all cases, that they would be about equally divided between enlistments and drafts. On the basis of the eighty-one cases about which we have definite information, we find that approximately two-thirds entered service by enlistment and one-third by the draft.

Since the service of the navy men was hardly comparable with that of the army, we have separated the two in this classification. The table shows where the men performed their service and what complicating factors, such as injuries, illness, and wounds, were experienced during the term of service.

NAVY

No service aboard ship:		
Physically ill	1	
Nervous breakdown	1	
		2
Service aboard ship, but never across during war:		
Injured	1	
Physically ill	2	
Nervous breakdown	1	
		4
Across during war:		
Physically ill	3	
Nervous breakdown	2	
		5
Total		11

ARMY

No overseas service:		
Physically ill	8	
Nervous breakdown	4	
Injured	7	
Not injured or ill	2	
		21
Overseas service, but never at the front:		
Physically ill	4	
Injured	7	
		11
Service at the front:		
Wounded	22	
Gassed	9	
Physically ill	3	
Nervous breakdown	7	
Injured	5	
Not injured or ill	5	
		51
Total		83

In analyzing these data, it is of interest to note how many of the group had during their service a physical injury or illness that may be regarded as a factor contributing to their psychoneurosis. The men in both army and navy groups classed as injured, physically ill, wounded, or gassed (72 in all) had such an experience. The only ones who did not have such an experience are those listed as having a nervous breakdown or as having no injury or illness. Of these cases there are four in the navy group and eighteen in the army.

Those classified as having a nervous breakdown are those

who actually broke down to such an extent that they were hospitalized. We have not included under this heading those who felt nervous while in service, but remained on duty and were not hospitalized. The total number of "nervous breakdown" cases requiring hospitalization is fifteen. Of these five broke down in this country, three aboard ship, and seven at the front. Of the latter, three attribute the breakdown to the effects of shell explosions, one to driving a team up to the front under fire, one to the effects of a series of air raids, and two report a gradual onset not due to any one factor. Of the three navy men who broke down nervously while on ships, one attributes it to the effects of practice gunfire, another to strain and exposure, and the other could assign no definite cause. Of the six men who did not go overseas, but had to be hospitalized because of a nervous breakdown, two attribute it to the strain of overwork, and four cannot account for it in any adequate manner.

Of the seven men who had no physical injury or illness and had no nervous breakdown requiring hospitalization, one attributes his present condition to overwork while in service, two to poor physical condition, and four to the horror of their experiences at the front. Of the latter, one was taken prisoner by the Germans following an attack in which his company was cut off from the rest of the troops. Before capture, he and his companions lay on the ground for sixteen hours, not knowing what fate awaited them, and this strain, he believes, caused his present nervous condition.

The number of men who during their service suffered an injury of some kind—exclusive of wounds and gas—is twenty. The injuries received were of all kinds, sprains, falls, and the like. Two were the results of airplane accidents and several of automobile and motor-cycle accidents. They were for the most part not of a serious nature. This is shown by the fact that of the twenty, three were never hospitalized and eight were hospitalized for one month or less. The average period of hospitalization for the twenty cases was slightly more than two months.

The physically ill during service number twenty-one, approximately the same number as those who were injured. Of these twenty-one, five had operations of various kinds—ap-

pendicitis, hernia, hemorrhoids, and the like. The others had such diseases as influenza, rheumatism, tuberculosis, neuritis, bronchitis, trench fever, and flat-foot. This group of men were hospitalized for longer periods than those who were injured, the average period being nearly four months. Three were in a hospital for a period of one month or less.

The number of men actually wounded is twenty-two. The nature of the wounds received varied greatly. Five of the men were severely wounded and were hospitalized for their wounds for periods ranging from ten to twenty months. Others were only slightly wounded and returned to duty after hospital periods of two or three months. The average amount of hospitalization of the twenty-two cases is approximately seven months, but only three men, with the exception of the five who were severely wounded, were hospitalized for longer than five months. One of the men listed as wounded was taken prisoner shortly after he received his wounds and spent three months in a hospital in Germany.

We have classified as "gassed" those men who were not wounded, but who were sufficiently injured by gas to require hospitalization. If a man was both gassed and wounded, we have listed him as wounded. The men who were gassed number nine. Of these only one was a severe case requiring prolonged hospitalization, while three were only slightly affected. Several of the men listed as having been ill or injured stated that they had been slightly gassed, so that the total number of men gassed is possibly somewhat higher than that given. On the other hand, there has been a noticeable tendency on the part of the men to attribute their troubles to gas when no other cause could be readily assigned.

Hospitalization During Service	Number	Hospitalization During Service	Number
None	8	8 months	1
1 month or less	19	10 months	4
2 months	13	12 months	2
3 months	16	13 months	3
4 months	10	14 months	2
5 months	8	17 months	2
6 months	3		
7 months	3	Total	94

This table shows that fifty-six men were hospitalized for three months or less and seventy-seven for six months or less.

Of the nine cases hospitalized for a year or more, four were severely wounded, one had tuberculosis, and the other four were hospitalized for a long period because of a nervous disorder. The average amount of hospitalization was four months.

Hospitalization Since Service	Number	Hospitalization Since Service	Number
None	20	7 months	3
1 month or less	25	8 months	3
2 months	19	10 months	3
3 months	10	12 months	1
4 months	3		
5 months	4	Total	94
6 months	3		

The amount of hospitalization since service was ascertained only up to the time of examination. Since there is a period of fifteen months between the dates when the first and the last man were examined, there was probably further hospitalization in some cases.

The average date of discharge of these men is about June, 1919, and the average period since discharge is therefore two and a half years. During this period the average amount of hospitalization, as ascertained, has been a little over two months. Comparing this with the amount of hospitalization during service, it is found that the average is just half that of the former period. In both cases it is apparent that the period of hospitalization has been comparatively small. Twenty of the group have been hospitalized since service for more than three months and only ten for more than six months. It is also noticeable that twenty have not been hospitalized at all since their discharge from service. These were men who came to the hospital as out-patients.

Period of Employment Since Discharge	Number	Period of Employment Since Discharge	Number
None	25	13–14 months	1
Very irregular	4	15–16 months	3
Less than 1 month	9	17–18 months	3
1–2 months	11	19–20 months	3
3–4 months	11	21–22 months	1
5–6 months	7	23–24 months	1
7–8 months	5	25–26 months	2
9–10 months	3		
11–12 months	5	Total	94

This table shows that during a period that we have estimated to be about two years and a half, twenty-five of these men have not been employed at all and thirty-five have been employed for periods ranging from two days to four months or so irregularly that it is impossible to give an estimate of the length of time they have worked. Of the remaining thirty-four, less than half (fourteen cases) have been employed for over twelve months. The average period of employment for the group is only slightly over five months, and during the same period the average amount of hospitalization is only a little over two months.

Our information regarding compensation is rather incomplete and what we have is somewhat difficult to analyze. Inasmuch as when vocational training is granted, the men are all put on the same basis as regards compensation, many of those who were in training said that they did not know what disability rating they had or how much compensation they would receive if they were taken out of training. The disability rating in a large majority of cases is a fluctuating thing; cuts or increases are made at the discretion of the medical board in Washington and not at any stated intervals. Another complicating factor is that the disability rating is affected by hospitalization and that a man receiving compensation on the basis of a 100 per cent rating while in the hospital may be cut to 10 per cent upon discharge. One would naturally expect to find a higher average of compensation ratings in a hospital than outside it, though it is frequently the case that the increased rating because of hospitalization is not actually received until after discharge from the hospital. We have used for the purpose of tabulation the disability rating in force at the time of examination and have disregarded earlier ratings or probable revisions.

Disability Rating	Number	Disability Rating	Number
Claim disallowed	9	50 per cent	3
Less than 10 per cent	3	60 per cent	2
10 per cent	9	65 per cent	1
15 per cent	4	100 per cent	16
20 per cent	8	Claim pending	14
25 per cent	4	Unascertained	14
30 per cent	3		
40 per cent	3	Total	94
45 per cent	1		

Of the sixty-six cases on which we have information, twenty-one are rated at 10 per cent or less disabled and forty-seven as 50 per cent or less. Those who are receiving compensation on the basis of a 100 per cent disability number sixteen. Since of the fourteen cases about which we have no information, ten are in vocational training and their disability rating is therefore presumably over 10 per cent, our figures are perhaps somewhat lower than they should be; but even making allowance for this, it is seen that, as a class, the psychoneurotics are receiving a comparatively small amount of compensation. Another factor that we have not considered here is that in many cases the disability rating is based on wounds or injuries and not on the psychoneurosis.

In making the table for the amount of vocational training received under the Federal Board by these cases, we have not considered whether or not the man was in training at the time of examination, but have listed the amount of training he has received at any time since his discharge.

Period of Federal Board Training	Number	Period of Federal Board Training	Number
None	54	16–18 months	9
1–3 months	5	19–21 months	2
4–6 months	3	22–24 months	6
7–9 months	3	Unclassified	2
10–12 months	6		
13–15 months	4	Total	94

From this table it is seen that over one-half of the group have never received any Federal Board training. Of the forty who have, twenty-one have been in training more than a year and seventeen less than a year. The two "unclassified" were in training without pay. One had been studying for five months during the evening, and the other had taken several special courses. The specific courses that the thirty-eight men have been taking vary widely. Eleven of them are studying some form of commercial work in a school; eleven are taking trade courses in electrical work, tool making, vulcanizing tires, and the like; three are studying along agricultural lines; and two are in university courses. Other courses represented are motion-picture operating, sign painting, embalming, and mechanical dentistry.

It would be of interest to know how many of the thirty-eight men in training with pay have been granted the training on the basis of a neuropsychiatric disability, but our records do not show this. We do know, however, that of this group, ten were wounded, five gassed, ten were hospitalized for injuries, and nine for illness, leaving only four cases in which the neuropsychiatric disability was the only basis for training.

Of the ninety-four men, twenty-one are married, and of the latter all except two have married since their discharge from service. As a group they are not addicted to the use of alcohol. We have evidence of alcoholic habits in only eight cases, and we do not think that the actual number is much higher than this. Two-thirds of the men have been in-patients at the hospital, and it would be difficult for one of them to indulge in alcohol to any extent without having the matter come to the attention of the hospital workers. Our statements on this point are, therefore, based more on observation than on the testimony of the men. None of the men in the group has been known or suspected to be a drug addict.

With regard to sexual habits, we have not enough information to make any statement. We do know, however, that there are very few cases of syphilitic infection in the group. All the in-patients and many of the out-patients have been given a Wassermann test in the hospital laboratory, and none of those tested had an active infection at the time of examination. There is a previous history of syphilitic infection in only one case. A small number gave a history of gonorrheal infection, but this is not of any particular significance.

Summary

We have presented here a group of men all of whom saw service in the army or the navy during the period of the war, and who have, more than two years after the termination of the war, been diagnosed as suffering from a psychoneurosis, presumably the result of their war service. The clinical pictures that they present are strikingly similar. Most of them appear to be in good physical condition, but it is evident after a few minutes' conversation with them that they are highly nervous, depressed, unsociable, and discouraged. They have many complaints and are anxious to have something

done for them, but have little initiative to do anything for themselves.

When an analysis is made of their past history to ascertain the cause of their present condition, it is found that there are as many differences as similarities. Their ages at the present time vary from twenty-one to fifty-one years, though there is a marked grouping around the average age of twenty-seven years. Three-fourths of them were born in this country, the other fourth coming from twelve foreign countries. Their educational equipment varies from none at all to a year of college work, the average man having reached the seventh grade in school. The occupations represented are about evenly divided between unskilled labor such as longshoreman, skilled labor such as carpenter or steam fitter, and more technical occupations such as nurse and investigator. The work record is in general fair, though both very poor and excellent records are found. The length of time during which the men were employed before service varies from none at all to over twenty years, the average being 7.4 years.

In the character and severity of the experiences that the men went through during the war, very striking differences are found. About two-thirds entered service by enlistment and one-third by the draft. A large majority had the rank of private, though both noncommissioned and commissioned officers are represented. Out of every five men, one never served overseas, one served overseas, but never at the front, and three were actually at the front for longer or shorter periods. Thus, for some military experience consisted of work in training camps in this country, while others went through six months of fighting in the front line, some of them being severely wounded or taken prisoner. All except twenty-two men suffered from wounds, gas, injury, or illness, and in practically every case this is in their opinion a contributing factor to their present condition. The injuries received varied from airplane accidents to tripping over a board in a training camp, and the wounds and physical illnesses were of varying severity. The average period of hospitalization during service was four months, and since discharge from service a little more than two months. Few have worked with any degree of regularity since discharge, and many have not been

employed at all, the average period of employment being only five months. At the same time they have fared very differently in the amount of compensation and training that they have received from the government. Only a fourth of them have been receiving the maximum amount of compensation ($80 a month), while about a third are receiving the minimum amount paid ($8 a month) or nothing at all. Over half of the group have never been able to take advantage of the opportunities offered by Federal Board training.

The only conclusion that can be drawn from the data presented is a negative one—namely, that as a group there is no homogeneity in the experiences of these men either before or during service. Although there can be little doubt that since the war there have been many more cases of psychoneurosis than ever before, we cannot say that any strain or stress peculiar to war service is alone responsible for the condition, since there have been examined and interviewed during the same period as the group we have presented five men who enlisted after the war period and seven who never were in service at all (civil-service cases), all of whom present clinical pictures identical with those of the men who saw war service. We can definitely eliminate as causes defective mentality, syphilitic infection, alcoholism, and constitutional psychopathic inferiority. Our judgment after interviewing many of these men would be that in a large majority of cases they would not have been picked out as in any way abnormal before service. We are, however, forced to the conclusion that there must be some temperamental or constitutional factor, some peculiar type of reaction or organization of the nervous system, which is more or less alike for all of these cases. It is quite evident that the etiological factor can be discovered only by a very searching analysis of the make-up of the individual, and that external factors cannot throw much light on the origin of psychoneurotic conditions.

PERSONNEL RELATIONS IN STATE HOSPITALS

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STATE hospitals for mental disease throughout the country are remarkably well organized. The type of organization which has been built up as a result of many years of thought and experience has proved its worth through many trying periods. Its strongest feature, perhaps, is its elasticity, which permits desirable changes to be instituted without interference with the orderly operation of the institution.

Owing to certain social and economic trends which were greatly accentuated by the late war, employment problems have arisen in state hospitals that are not easily solved by present methods. The situation calls for a frank discussion of the difficulties we are facing and of remedial suggestions.

Farsighted industrial establishments in recent years have given much thought to personnel problems and have evolved methods of selecting, training, organizing, and managing employees that are producing remarkable results. Employees in many of these concerns are happy and contented and are cheerfully working to promote the success of their employers. Strikes have been eliminated, and labor turnover, breakage, accidents, sickness, and lost time have been greatly reduced, while quantity of output per employee has markedly increased.

Although every industrial establishment has its own peculiar problems, it has been found that certain principles relating to personnel are common to all. These are based on the fundamental wishes and aspirations of men and women. Employers desire that employees be competent for their respective tasks; that they follow directions and do their work willingly with skill and dispatch; that they work steadily month after month; that they take an active interest in the welfare of the plant or institution; that they coöperate with others and become effective units in the organization. Employees of the better sort desire steady but not monotonous work,

adequate wages, freedom to make decisions within their own sphere, recognition of work well done, the chance to win the respect and esteem of others, opportunity to advance, wholesome recreation and amusement, and comfortable living conditions.

Rightly viewed, the interests of employers and employees do not clash, but rather supplement each other. In well organized plants, where skillful attention is given to personnel problems, the conflict between employer and employee entirely disappears, and coöperation for the advancement of mutual interests takes its place.

To what extent may state hospitals likewise profit by closer attention to personnel problems? At present, conditions with respect to both officers and employees are unsatisfactory in most state hospitals. There is a serious shortage of physicians and a continual shifting of ward help. In the civil state hospitals of New York State on May 1, 1922, there were 167 physicians, 3,797 ward employees, and 2,674 other employees. During the previous twelve months, 61 physicians were appointed and 64 left the service, the percentage of changes based on total in service being about 37. During the same twelve-month period, 3,202 ward employees and 780 other employees were appointed, and 3,002 ward employees and 830 other employees vacated their positions, the percentage of changes being 82 and 30 respectively. In spite of this poor showing, recent statistics indicate that the New York State hospitals are more adequately manned than those of many other states. Such a large proportion of changes in the personnel of the medical staffs and of the ward service is especially to be deplored. Handicapped in this way, a hospital cannot be expected to do its work efficiently.

An examination of procedures successfully employed in large industrial establishments leads to the following suggestions:

A personnel board, to deal with problems relating to the appointment, training, assignment, management, and dismissal of officers and employees, is needed in every institution. The make-up of the personnel board would be entirely in the hands of the superintendent; in many cases it would be desirable for him to be its head. But the duties of the super-

intendent are so numerous that the direction of the hospital personnel may well be delegated to an officer who can devote the requisite time to the work. In the larger institutions it would pay to employ a trained personnel director.

The personnel board would establish standards for the various positions in the service and fix the qualifications for each position. Analysis of positions and the selection of employees for them are fundamental in any personnel plan. The whole hospital scheme of organization should be charted so that the position and responsibility of each officer and employee could be clearly seen. The chart should be subject to inspection by every person in the organization. Lines of promotion should be shown and all qualified employees should be encouraged to work for advancement.

Entrance to the service should be well guarded. State hospitals are especially well equipped to give mental and physical examinations to those seeking employment. The use of such tests to supplement the usual inquiries as to character, training, and experience would be of great service in eliminating the unfit previous to appointment. Naturally, if appointees are well fitted for positions to which they are assigned, the changes in the service will be greatly reduced.

No employee, however well qualified in a general way, is fitted to undertake the care of mental cases until he has had special training for the work. The lack of such training is undoubtedly one of the principal causes of failure of employees in the ward service.

State-hospital schools of nursing are conducted to provide a competent nursing force, but unfortunately these schools are attended by only a small fraction of the ward employees. The schools for attendants in operation in some state hospitals are usually inadequate for the purpose. The emphasis, of course, should be placed on the training of new employees, but older employees are apt to relapse into a mechanical routine unless fresh stimulus is occasionally supplied. Periodic conferences of employees engaged in the same line of work might be used to supply such stimulus.

The reduction of hours of labor in state hospitals should receive consideration. The standard day in public work outside of institutions is eight hours. The eight-hour day is

also becoming general in railroad shops, building trades, and department stores. The ten-hour day still obtains in some factories and in agricultural pursuits. The twelve-hour day is now practically obsolete except in institution work and the steel industry, and the latter, through the intercession of President Harding, is about to introduce a shorter day. The state hospitals of Illinois established the eight-hour day for ward employees about four years ago. A superintendent of one of the largest and best hospitals of that state, in an interview on the subject, said that the shortened day had given much satisfaction both to officers and employees. Since the introduction of the eight-hour day, he had been able to reduce the number of employees in his hospital about one-sixth, and the work was being done better than before. The morale of the employees had greatly improved since the shorter day was instituted.

State-hospital wage schedules need readjustment. It is generally thought that the wages provided by the present schedule in this state are adequate and in most instances fully as high as those paid for similar grades of work elsewhere. There is a question, however, whether the wage schedule ought not to make allowances for the differences in prevailing rates of wages in different sections of the state. It is well known that wages are nominally higher in New York City than elsewhere in the state. The uniform schedule, therefore, gives the up-state institutions an advantage over those of the metropolitan district.

Some extra pay allowance might well be made for the nurses and attendants who care for disturbed and filthy patients. The difficulty now experienced in keeping qualified help on such wards would be markedly lessened by an increased pay allowance.

Living conditions for officers and employees in state hospitals should be improved. Standards of living have rapidly changed in recent years. Since the era of short skirts it has been evident that the term "silk stockings" to designate the wealthy class is obsolete. The bath tub, which was counted a luxury when some of our hospitals were built, is now a necessity. That family is poor indeed that does not now enjoy a piano, a phonograph, and a radio outfit, to say nothing of the

many gas and electric devices that make the life of the average housewife a mystery and joy.

The hospital is the home of most of its employees. As such, it should supply a standard of living not far below that enjoyed by the same class of employees outside the hospital. Rooms should be comfortable and well furnished, meals should be ample, well cooked, and properly served. Opportunity for social life should be afforded. The coöperation of employees in social affairs should be encouraged, but the paternalistic attitude should be avoided. The aim should be to have the interest of employees center in the hospital and to have them regard it as their home, not as a transient boarding house.

Service records of all employees should be kept. The record of each employee should indicate his value to the institution and should be referred to whenever his transfer, advancement, or demotion is considered. The record should contain a summary of his qualifications for the position he holds, the facts concerning his appointment, training, and assignments, his periodic ratings, and other data bearing on his efficiency and desirability as an employee. The service records would be kept by the personnel board and would be used in selecting employees for promotion and transfer.

Most important of all is the morale of employees. Morale is the intangible spirit pervading a group of workers that makes for success or failure. Happy is that institution whose employees have a feeling of confidence and pride in their work, a feeling of affection and respect for their officers, and a feeling of comradeship for their associates.

Morale may be strengthened in various ways. Proper recognition of work well done and a friendly attitude on the part of officers will often work wonders. Uniforms, if neat and clean and in good repair, are of great value in maintaining morale. The uniform is a badge of distinction and authority. It sets the wearer apart from his fellows and indicates to all about him who he is and what he is expected to do. The value of the uniform is greatly reduced if it is shabby, torn, or faded. In addition to the uniform, certain distinguishing marks such as bars or stars are sometimes worn by those who have served with honor a specified length of time. Other

emblems might be bestowed for meritorious service or for unusual acts of bravery or heroism.

The individuality of the employee should be respected, and every reasonable opportunity should be given him for self-expression. Athletics, outdoor games, and social activities along proper lines will greatly aid in developing the *esprit de corps* that means so much to the institution.

With the general development of occupational therapy in state hospitals, many of the disagreeable features now attending the care of mental patients will be eliminated. State-hospital work will assume a more positive and purposeful aspect and will possess more of interest to both officers and employees.

Although handicapped in many ways in dealing with employment problems, state-hospital superintendents may reasonably hope that by the adoption of the measures relative to personnel relations clearly indicated by present conditions, the success that has attended like efforts in the industrial field will be theirs also.

INCIDENCE OF INSANITY AMONG JEWS*

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FOR years it has been maintained by the psychiatrical world that the Jewish race contributed more cases of insanity than any other race.[1] Of late years, however, some investigators in this field have begun to doubt this traditional view; they have found that it was not sufficiently demonstrated that the Jew differed in his liability to insanity from the Gentile, and some have gone so far as to assert that the converse is true.[2] This conclusion was also reached a few years ago by the United States Department of Commerce which stated in a report: "On the contrary, facts from which deductions can be made point rather to a comparatively smaller amount of insanity among Jews than among people of several other races."[3] Studies of the incidence of insanity among Jews have been made in a number of European countries where these people have lived for many centuries. Lombroso found that the seemingly larger percentage of insanity among Jews was not so much a matter of race as of intellectual work, for among the Semitic races in general (Arabs, Bedouins) insanity is very rare.[4] The results of a more recent study of the problem as it exists in Germany were published in 1909 by Sichel, whose deductions were based on careful investigations of the records of the Frankfort Hospital for the insane. He found that although there were relatively more Jewish inmates than the corresponding percentage of the Jewish population in Frankfort, this could be demonstrated only in reference to certain groups of mental disorders; the other types

* Excerpt from *Social Aspects of the Treatment of the Insane.* New York: Longmans, Green, and Company, 1921. 247 p.

1 Brill, A. A. and Karpas, M. J. *Insanity among Jews. Medical Record,* Vol. 86, pp. 576-79, October 3, 1914.

2 Brill, A. A. *Adjustment of the Jew to the American Environment.* MENTAL HYGIENE, Vol. 2, pp. 219-31, April, 1918.

3 *Ibid.*, p. 219.

4 Lombroso, C. *Crime; Its Causes and Remedies.* Boston: Little, Brown, and Company, 1918. p. 39.

revealed a smaller percentage of Jews than of non-Jews.[1] Studies by A. Pilcz in Vienna and C. F. Beadles in London seem to indicate a higher percentage of insanity among Jews than among non-Jews.[2] In this country Spitzka, in 1880, came to the conclusion, after a careful study of the problem, that on the whole the various forms of insanity occur in nearly the same proportions in the Anglo-Saxon, Teutonic, Celtic, and Hebrew races.[3] In considering the figures for Europe, it should be remembered that in a number of the larger European countries, as late as the nineteenth and in some even in the present century, Jews have been harassed and forced to endure unusual stresses and strains and even the torture of violent death at the hands of their persecutors. For these reasons it would hardly be advisable, for purposes of scientific knowledge and accuracy, to consider statistics gathered in such lands. The largest number of Jews within modern times congregated in a limited area are to be found in New York State and City; for this reason the admissions to the psychopathic wards of Bellevue Hospital, New York City, have been made the basis of the statistical study of the problem considered here.

Insanity in Rural and Urban Districts

The total number of first admissions to the civil state hospitals in New York for 1917 was as follows: males 3,605; females 3,272; total 6,877. Of these, 398 males and 402 females, a total of 800, were Jewish, or 11.0 per cent males and 12.3 per cent females, with a general average of 11.6 per cent.[4] The total state population in 1917 was 9,917,438,[5] the total Jewish population approximately 1,600,000,[6] or 16.0 per cent of the general

1 Sichel, Max. *Die Geistesstorungen bei den Juden.* Leipzig: 1909. pp. 43-81.

2 Jewish Encyclopedia, article *Insanity*, Vol. 6, p. 606.

3 Spitzka, Edward C. *Race and Insanity. Journal of Nervous and Mental Disease*, Vol. 7, pp. 613-30, October, 1880.

4 State Hospital Commission, Twenty-Ninth Annual Report, 1916-1917. p. 426.

5 State Hospital Commission, Thirtieth Annual Report, 1917-1918. p. 57.

6 *Jewish Communal Register, New York City*, 1917, p. 89. Alexander M. Dushkin, in *A Survey of Jewish Religious Education in New York City* (Dissertation, Teacher's College, Columbia University, 1918), places the Jewish population for New York City in 1917 at 1,500,000. Henry Chalmers, in *Jews in New York City* (*American Journal of Statistics*, 1914-1915, pp. 68-75), placed

population. In 1918 the figures were about the same—total number of first admissions, 6,797; total number of Jewish patients, first admissions, 832.[1] The figures indicate a much lower percentage of insanity among Jews in the state than in the remaining general population. It should be observed also that very close to 100 per cent of the Jews in the state live in New York City, only a small proportion living in the other cities in the state, with very few in the rural districts.

During the year 1910, the urban population of the United States contributed 102.8 admissions and the rural but 41.4 admissions per 100,000 of the population to the institutions for the insane and feebleminded.[2] An important factor having a bearing upon this question is the difference between the two portions of the population in age distribution; only 27.2 per cent of the urban population and as many as 36.3 per cent of the rural population fall in the group under fifteen years of age, a group contributing but a small fraction of the admissions to institutions for the insane.[3] The marked difference between urban and rural commitments, especially in New York State, is still further emphasized by the fact that the rate of first admissions per 100,000 population is much higher in the counties of the state in which cities are located than in those in which there are few, if any, cities of considerable size. Thus, the rate per 100,000 population for New York County in 1918 was 105.9, whereas it was only 29.9 in Warren County, 30.7 in Schoharie County, etc.[4] As aforementioned, the Jewish first admissions to the civil state hospitals in 1917 and 1918 averaged about 11.6 per cent of the total first admissions, while they formed approximately 16.0 per cent of the general population of the state, indicating a rather low rate of first admissions to institutions for the insane.

the Jewish population at 1,330,000 in 1913. The *American Jewish Year Book*, 1919-1920 (p. 605), estimates the Jewish population in New York State in 1918 as 1,603,923.

1 State Hospital Commission, Thirtieth Annual Report, 1917-1918. p. 405.

2 *Insane and Feebleminded in Institutions.* Washington: Bureau of Census, 1914. p. 27.

3 De Fursac, R. and Rosanoff, A. *Manual of Psychiatry.* New York: John Wiley and Sons, 1916. p. 15.

4 State Hospital Commission, Thirtieth Annual Report, 1917-1918. p. 438.

Jewish Insane in New York City

Another definite and perhaps somewhat more exact way to arrive at the ratio of the occurrence of insanity among Jews to their proportion in the general population is to consider the admissions to the psychopathic wards of Bellevue Hospital, New York City, for there the population is practically all urban, the admissions are all from the city proper (nearly altogether from the Boroughs of Manhattan and the Bronx), and the Jewish population is centered in the city.

The number of admissions to the psychopathic wards, male and female, of Bellevue Hospital from September 1, 1917 to August 31, 1918 totaled 6,878, of which 1,127, or 16.4 per cent, were Jews. For the following year, beginning September 1, 1918 and ending August 31, 1919, the total number of admissions to the psychopathic wards of Bellevue Hospital was 8,255, of which 1,133, or 13.7 per cent, were Jews. During the second year, as has been noted, the total number of admissions was considerably larger than the year previous. This can be accounted for by stating that directly after the signing of the Armistice on November 11, 1918, the number of cases of alcoholism and alcoholic psychoses admitted to the psychopathic wards increased considerably; also, during this year a number of soldiers who had become insane while in service in various camps in the United States were sent to Bellevue Hospital, psychopathic division, and later transferred to their relatives in the city. The incidence of alcoholism and alcoholic psychoses among Jews has been considerably less than in almost any other element of the general population of New York, and for this reason, using the Bellevue Hospital figures, the percentage of insanity among Jews was 13.7 per cent for 1918-1919, whereas it had reached 16.4 per cent the year previous. The total population of New York City in 1917 was approximately 5,800,000;[1] the total Jewish population was about 1,500,000, or 25.8 per cent of the general population, with admission rates to the psychopathic wards of Bellevue Hospital of 16.4 per cent one year and 13.7 per cent the following year.

[1] The Department of Health, New York City, estimated the total population on July 1, 1917, at 5,737,492. *Weekly Bulletin*, July 7, 1917. p. 223.

To Bellevue Hospital are brought the insane or alleged insane from the boroughs of Manhattan and the Bronx only. Kings County Hospital in Brooklyn receives such patients from the boroughs of Kings and Queens; Richmond Borough, with a Jewish population of only 5,000, sends its insane directly to Manhattan State Hospital after examination by two local physicians. A consideration of the total admissions to the psychopathic wards of both Bellevue and Kings County Hospitals for two years, thus including practically the entire city, will give a still better and more accurate index of the occurrence of insanity among the Jews of New York. The total number of admissions to Kings County Hospital psychopathic wards, from September 1, 1917 to August 31, 1918, was 2,326, of which 392, or 16.9 per cent, were Jews. For the following year, September 1, 1918 to August 31, 1919, the total admissions were 2,550, of which 429, or 16.8 per cent, were Jews, there being in both years a markedly lower rate of admissions than the percentage of the total population. For the entire city (exclusive of Richmond, which is practically negligible) the following table indicates the admissions and percentages:

Total Admissions to the Psychopathic Wards, New York City

End of Fiscal Year	Bellevue Hospital		Kings County Hospital		Total Admissions	Total Jews	
	Total	Jews	Total	Jews		Number	Per cent
August 31, 1918.....	6,878	1,127	2,326	392	9,204	1,519	16.5
August 31, 1919.....	8,255	1,133	2,550	429	10,805	1,562	14.5

In view of what has been said regarding the unusually large total admissions to Bellevue Hospital for the year 1918-1919, it might be advisable to make sufficient allowance for the increase over the preceding year by setting the total admissions at about what they were in 1917-1918. In any event, the percentage of Jewish admissions for the entire city would not average over 16.5 per cent, which is considerably less than 25.8 per cent, the proportion of Jews in the general population of New York City.

THE STUDY OF INDIVIDUALITY

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IN the earlier psychiatric studies of the various criminal and economic dependent groups, stress was laid on the subnormal intelligence of the individuals in these groups, and feeblemindedness was thought to be the important etiological factor in the delinquency or dependency of these individuals.

The viewpoint, however, has gradually changed, and more emphasis is now being placed on abnormalities of personality in contributing to the economic or social dependency of an individual.

Adler,[1] in a study of personality and unemployment, analyzes a group of 150 individuals. Three types of personality are evident: (1) the paranoid personality, (2) the inadequate personality, and (3) the emotionally unstable type. In the second group, he states, there are a number of feebleminded individuals.

Fernald[2] emphasizes the importance of the study of character in defective delinquents. He defines character as "that component of mentality which connotes the quality thereof, in contrast to its degree—i.e., intelligence". He notes that a person is held responsible for his behavior, which is chiefly the product of character.

Healy[3] does not assent to Aristotle's point of view "that good intelligence would prevent a man from doing wrong". He believes that character and temperament have a great deal to do with conduct—good or bad.

Our understanding of the various types of socially or economically abnormal individuals has been hindered by the tendency to regard the mind as something quite apart from the bodily processes as well as from the other functions of the

[1] Adler, Herman M. *Unemployment and Personality; A Study of Psychopathic Cases.* MENTAL HYGIENE, Vol. 1, pp. 16-24, January, 1917.

[2] Fernald, Guy G. *A Method of Personality Diagnosis and Evaluation with Provision for Social-Service Propaganda. Archives of Neurology and Psychiatry,* Vol. 6, pp. 229-30, August, 1921.

[3] In a discussion of Fernald's paper. *Ibid.,* p. 230-31.

brain; indeed, the "mind" itself is looked upon as being separated into various units more or less independent.

When we consider the intricate associative systems of the brain, it is obvious that the functions of this organ cannot be divided into "water-tight" compartments, and that the various cerebral functions, such as speech, emotion, intelligence, judgment, character, motion, sensation, etc., are not independent entities.

Further, it is not the impairment of these cerebral functions—*per se*—that makes an individual a pauper, a hobo, a criminal, or a crank. A person may have defective speech, emotions, or intelligence and yet be socially and economically independent. His status is due to his *individuality,* and this is made up of the cerebral and other bodily functions; in other words, our individuality is the expression of our mental and physical status.

In so-called normal persons, there are found various grades of general and special intelligence; some have better memories, others show a more alert attention; some are possessed of more rapid mental processes, others manifest a higher grade of associative processes. In reference to the emotions and general characteristics, we note that all normal individuals fall under certain designations or show various peculiarities, as indicated by the terms selfish, egocentric, modest, conscientious, quiet, care free, inclined to worry over trifles, day-dreamer, gloomy, sensitive, quick-tempered, moody, etc. Individuals who are apparently normal also show great variations in the field of judgment. In the more definitely physical domain, there are marked differences among normal individuals—there are the well-nourished, the mal-nourished, athletes, cripples, gourmands, dyspeptics, etc. Among law-abiding and independent citizens, there are even those with definite organic diseases, such as nephritis, tuberculosis, and heart disease.

Yet, with all these differences of intellect, emotion, general characteristics, judgment, and physique, the majority of people are fairly observant of the law and economically independent.

Marked departures from the average or normal individual are found in the insane and the feebleminded. In these groups

we see the extreme exaggerations of the characteristics noted in people with normal mentality; seclusiveness becomes negativism, daydreaming becomes schizophrenia, cyclothymia becomes manic-depressive insanity, egotism becomes paranoia, mental mediocrity becomes mental deficiency. It is worthy of emphasis that in the various types of psychosis and mental deficiency more than one phase of cerebral activity is involved; indeed, the disturbance goes even further than cerebral activity—other bodily functions frequently show abnormalities. Diseases of the mind are never limited strictly to the emotions, intellect, or character.

Between the group we have termed normal and the insane and feebleminded, there is a class of individuals who do not have a definite psychosis or marked mental deficiency, but whose reactions vary sufficiently from the normal to make it probable that they will become social or economic liabilities of the community. These individuals have been grouped under such terms as dull normals, border-line feebleminded, high-grade morons, psychopathic personalities, constitutional inferiors, neurasthenics, psychasthenics, and moral delinquents.

A girl becomes an unmarried mother; she is given a mental-age test and found by this scale to have an I. Q. of 75; her delinquency is explained on the basis of feeblemindedness. The same is true of the man who fails to hold a job for any length of time or who for other reasons becomes an economic dependent.

We have notably failed to reach an adequate understanding of the factors involved in the abnormalities of this group. The reason for this is the tendency to attribute the condition to variations in one particular reaction only. As stated in the beginning of this paper, the earlier workers regarded feeblemindedness as responsible for a large proportion of the criminal and dependent classes; recently, character defect has been stressed as the important factor. Both of these explanations point out certain facts, but fail to give an adequate conception of the individual's status.

John Smith does not loaf around the pool rooms and commit petty larceny because he has an I. Q. of 75; the real explanation is that that complexity known as John Smith reacts

differently from a normal individual. This is due to his individuality, not to his mental defect *per se*—though this may be the most striking feature of his individuality. The same is true of individuals termed "psychopathic personalities". If a man's departure from the average were in the field of personality or character alone, he probably would not become dependent socially or economically. The reason that these people are misfits, failures, and criminals is because of abnormalities in more than one particular phase of their individualities; in other words, the individual as an entity is abnormal in his reactions—not that there is merely a defect in his intellect, emotions, or character.

As I have pointed out, in an animal as complex as man with his highly developed nervous system, it is impossible to have variations in one function without other functions or structures being involved to a greater or less extent.

This broader view is of more than theoretical interest, for it emphasizes the fact that a comprehensive knowledge of these groups can be attained only by a complete study of the individual—not merely by noting his general or special intelligence, his emotional reactions, his character, or his personality. It indicates a survey of all of these together, with a study of his physical make-up and general bodily condition. Any examination that makes any one of these studies more complete or accurate is of value if it is recognized that it is but a part of the general study of the individual.

As a general term including the groups outside of the normal, on the one hand, and the feebleminded and insane on the other, I would suggest the name "abnormal individuality". Additional designations may be used to emphasize the most striking abnormality, as "abnormal individuality—mental retardation", "abnormal individuality—moral delinquent", and the like.

ABSTRACTS

THE NATURE OF FUNCTIONAL DISEASE. By William McDougall, M.B., F.R.S. *The American Journal of Psychiatry*, 1:335-54, January, 1922.

The author finds, at the root of this question of the nature of functional disease, the old philosophical problem of structure *versus* function, mechanism *versus* vitalism.

From the mechanistic point of view—the point of view that organisms are simply very complicated machines—it is argued with some reason that the conception of functional disease is mistaken. The perfect working of a machine, it is held, depends upon the perfection of its spatial adjustments and of the reciprocal pushes and pulls of its material constituents, whether these be large masses or molecules, ions, or atoms. The disordered working of a machine must, therefore, always be the result of some maladjustment or spatial displacement of its material elements. And though in the case of a disordered organism, no structural defect may be visible, this is simply because it is on too small a scale; if the power of the microscope could be sufficiently increased, it would always be possible to discover a structural defect at the bottom of every so-called functional disease.

This mechanistic view of organisms, which became dominant as a result of the scientific discoveries of the nineteenth century, profoundly affected medical science, psychiatry perhaps more than any other branch. There is reason to believe that the relatively slow advance of this as compared with the other branches of the profession was due to the prevalence of the mechanistic theory. It led to the almost complete neglect of psychological study of mental patients in favor of study of their brains after they were dead, in the attempt to discover the defects of brain structure that were assumed to underlie all mental disorders. It led, further, to a sharp distinction between the psychoses and the neuroses, the latter of which were regarded as imaginary and unreal, having no structural basis that the microscope might reveal, and hence were relegated to a despised no-man's land outside the province either of the organic neurologists or of the organic psychiatrists.

Two influences contributed to change this situation. The first was the great number of cases of war neuroses, which made it clear to the profession that the neuroses are not simply the imaginary ailments of idle women of inferior constitution. The second was the work of

the psychoanalysts, who, whatever one may think of their doctrines, quickened the interests of the medical profession and of the world at large in psychological study and lifted the neuroses out of their place of neglect into the light.

In the author's opinion, satisfactory progress in psychological medicine depends upon a full recognition of functional disorders as equal to the structural disorders in importance and reality; and such recognition can come only as the result of a revision of the mechanistic conception of organisms. Yet even the mechanistic view does not bar out the conception of functional disorders. Even a machine is a purposive structure—an orderly arrangement of parts designed to fulfill a purpose. If it fails to fulfill that purpose, it may be said to be out of order, even though no structural defect be present. If an automobile, for instance, is adjusted to run at a normal temperature and the temperature falls very low, the machine may function poorly or cease functioning as a result of lack of gas in the explosive mixture; in other words, it may become the victim of a functional disorder, or disturbance of the normal balance of functions in consequence of which it fails to fulfill its purpose. Again, an automobile may suffer from functional disorder if the spark is not retarded when it is slowly climbing a steep hill. "In these two ways, then, this machine, even though all its parts be in perfect order, requires adjustment under the varying conditions of its work; and if these adjustments or regulations are not made, it suffers from functional disorder. If the machine had to work only under one fixed set of environmental conditions, it would work perfectly or normally so long as its structure was perfect; only a structural defect would produce disordered action."

Now, if the human organism is a machine, it is a machine that has to work under environmental conditions that vary often and widely. Hence it requires frequent adjustment or regulation to avoid functional disorders. "And the functional disorders from which it is most liable to suffer, perhaps all its functional disorders, are just of the two kinds which are illustrated by the automobile—namely, disturbance of the balance of functions and inappropriate timing of its functions."

But the organism differs from the machine in two ways: first, in that the purpose that it expresses is in a certain sense its own purpose, is resident in the organism; and second, in that the adjustments that must be made to meet changes in environmental conditions are made from within; and functional disorder arises when the changes demanded exceed the organism's power of self-regulation.

Purpose implies mind or mental activity. As commonly used, the term indicates purpose consciously in mind. But purposive mental actions take place on very different planes of consciousness; besides

one's clearly defined and conscious purposes, one's organism may be influenced by purposes of which one is only obscurely aware or even wholly unconscious. Functional disorders are usually the result of subconscious purposes, of the failure or disharmony of conflicting purposes that may be partly or wholly subconscious. They are still, however, mental activities. "It is, therefore, through mental influences that functional disorders are brought about. They are the consequence of disharmony, conflict, or failure of mental or purposive adjustments. That is to say, they are essentially *psychogenic.*" This is generally recognized with regard to the disorders that have been officially classified as functional—hysteria, neurasthenia, psychasthenia. Indeed, the fact that they are so clearly of mental origin is the reason for their having been so long regarded as purely imaginary and unworthy of serious consideration. The real interest in the question of functional origin or psychogenesis is in connection with the psychoses, or mental diseases proper, notably dementia praecox. Typical cases of this disorder are beyond question true psychoses; if it can be shown that such cases are psychogenetic, the exponents of the possibility of psychogenesis will have won the argument.

Cases are cited by Jung and others in which the disorder seems to have been induced by mental conditions and to have been improved by mental influences. On the other hand, Sir Frederick Mott, an uncompromising advocate of the mechanistic conception of mental disease, has shown that in many cases of dementia praecox, there is evidence of a maldevelopment of the sex glands and sometimes distinct departures from the normal in the appearance of the neurones of the brain. From these facts he infers that the disease is essentially and primarily organic and structural. The author, however, suggests the possibility that the structural changes may result from rather than cause the functional disorders characteristic of the disease.

"Various observers have shown that excessive and prolonged activity, maintained through strong appeals to such instinctive tendencies as fear and rage—excited and maintained, that is to say, by mental impressions—may produce visible changes in the neurones concerned, due to excess of metabolism. That is a clear case of structural change functionally induced by mental impressions and mental activity. Why, then, should circumstances which induce the opposite kind of mental effect—namely, a checking and depression of instinctive activities—why should these not induce structural changes of the opposite kind—namely, the accumulation of lipoid granules and so forth, in consequence of diminished oxidation and metabolism? Such depression of instinctive activities through unfortunate mental influences is just what seems to be the history of the genesis of *dementia praecox* in many cases.

"No doubt in all cases in which the disease develops, and in which the structural alterations of neurones are induced, there is some constitutional predisposition which renders the patient peculiarly liable to such checking and depression of instinctive emotional tendencies; either an original defect of the vital energy or that constitutional peculiarity which Jung calls 'introversion'; peculiarities which, however, are perfectly consistent with a normal and healthy life, in the absence of the unfortunate mental influences and circumstances which lead to depression of these functions. It may well be that in some persons these constitutional defects are so marked that, in the absence of any peculiarly unfavorable circumstances, the defect of function will manifest itself and will be followed by structural degeneration. In such cases the disease would still be psychogenetic, though not traceable to any unusual mental strains, shocks, or depressing influences."

But in the case of organic mental diseases, the question whether the organic changes produced the functional or vice versa can be definitely answered only by a demonstration that changes of the one order precede in time all changes of the other order; and there is not sufficient evidence to do this for dementia praecox. That functional derangement can produce organic disease, however, the author believes to have been demonstrated during the war in the hundreds of cases of exophthalmic goiter that seemed quite directly traceable to long-continued exposure to fear-exciting conditions. If such pronouncedly organic changes as those of this disease may be psychogenetic, why, the author queries, should one hesitate to assign a similar origin to mental diseases if the facts seem to warrant it? He feels that both the manic-depressive and the epileptic insanities may be of functional origin, even though, when they are well established, chemical and structural changes play an important part in them.

Two further questions, both of which are sometimes confused with this of the functional origin of mental disease, are touched upon by the author. First, can mental disease be not only psychogenetic in origin, but functional in nature, without any organic changes secondary to the functional disturbance? The author is inclined to believe that this is possible—that a disturbance of balance of functions may tend to perpetuate itself without involving any pathological changes in tissue. Second, can there be a disorder of the mind alone, unaccompanied by any disorder of the body? This is the old-fashioned view of mental disease, and the author feels that there is ground for not rejecting it without consideration, believing that "the mind has a nature and a structure and functions of its own which cannot be fully and adequately described in terms of structure of the brain and its physical processes. And if this be true, it does not seem logically

impossible that this nature of the mind itself may be disordered or impaired or defective."

The three possibilities under the conception of functional disease are, then: "(1) Diseases which, though involving structural and chemical abnormalities, are of functional origin. (2) Diseases which are of functional origin and of functional essence, involving no strictly pathological tissue change, but only a disturbance of the quantitative balance of functions. (3) Mental diseases which are of the mind only and not at all of the body."

SOCIAL SERVICE AND OUT-PATIENT RELATIONS. By John B. Macdonald, M.D. *American Journal of Psychiatry*, 1:141-57, October, 1921.

This is a short discussion of community work in connection with state hospitals in general and, in particular, of the out-patient and community-service work of the Danvers State Hospital (Hathorne, Mass.), of which the author is superintendent. The value of the state hospital to the community is, Dr. Macdonald states, to be measured less by the work that is done within the walls of the hospital itself than by what is accomplished in the way of restoring patients to social or economic usefulness through after care and supervision, and by the part that the hospital plays in the conservation of the mental health of the community through medical advice and direction of a preventive nature and through education of the public in the principles of mental hygiene. All these important extramural activities Dr. Macdonald includes under the term out-patient and community service.

Of this service at the Danvers State Hospital, he writes: "Our out-patient and community service is organized along medical and sociologic lines, and aims at the clearest understanding of mental conditions through the combined efforts of medicine, as represented by the physician, and the study of environmental or social conditions, as carried on by the social worker. The social-service department occupies the position of an auxiliary to the medical, under whose general control and direction its activities are conducted. . . .

"No one will question the statement that to be truly effective psychiatric work demands not alone expert medical service, but also expert social service. He who would understand mental disorders rightly must not confine his observations to the study of function or symptoms by the bedside or in the laboratory. He must see his patient in his social setting; he must possess some knowledge of the personal and human aspects of his condition. He must know him as he appears in his ordinary daily life, in his pleasures and difficul-

ties, emotions and reactions. Nothing can be considered too insignificant for his notice which is not too insignificant to illustrate the operation of laws of health and mental evolution; and this is the contribution of our allies, the social workers, to our studies and adjustments of social-psychological conditions in their relation to mental welfare. I have said that the social workers should be under the control and direction of the medical department; but because, through their contribution, they have humanized our knowledge; because they have broadened the basis of our studies and added greatly to our resources in the way of treatment and adjustment; because they have brought us into intimate touch with the community, the relationship should be one of friendly coöperation, mutual understanding, and respect, with adequate scope for initiative and individual judgment."

A general policy of social work has been outlined for the state hospitals of Massachusetts by Miss Hannah Curtis, Director of Social Work under the Department of Mental Diseases.

This outline gives first place to social case-work—"the interweaving of medical treatment and social service upon the basis of personal knowledge of the patient in his whole environment". Then follow (2) systematic home visiting, including frequent visits to patients that require special supervision and quarterly visits to boarding patients; (3) the taking of histories, medical and social, both inside and outside of the hospital when required; (4) investigation of home conditions of special patients, of complaints entered at the hospital by patients or outside persons relative to outside affairs of patients, of all applications for boarding patients, of criminal cases referred by courts for observation, of special employment problems; (5) the placing and care of boarding patients, selection of homes, after-care work; (6) out-patient clinic work; and (7) educational work through lectures, conferences, special courses, publications, research work, and training of students and volunteers.

To illustrate what is being accomplished by this alliance of medical and social forces, Dr. Macdonald gives some of the results that have been noted at Danvers. One of the most striking of these is the steady increase of patients on visits or parole in the community. "In 1910-1911, without social-service supervision, the number of visits was 21.6 per cent of the daily average population. Under social supervision, the visits increased 26 per cent in 1912-1913, 28 per cent in 1913-1914, 36 per cent in 1914-1915, 33 per cent in 1915-1916, 31 per cent in 1916-1917, while during the period of 1917-1918, when for a considerable portion of the year the hospital lacked the services of a social worker, the percentage dropped to 24 per cent. (It is

well to note that the average number of visits before the social-service era varied as a rule between 17 and 21 per cent.) In 1910-1911 the total duration of all visits extending over one week was 48,316 days, with an average daily population of 1,452 in the hospital; in 1912-1913, the total duration rose to 50,636 days, for an average daily population of 1,450; in 1914-1915, 63,113 days for an average population of 1,490; 1916-1917, 68,016 days for an average population of 1,501; while in 1917-1918 (mostly without social work) the total duration of visits dropped to 53,222 days for an average population of 1,488. In 1918-1919, with a restored service, the total duration of visits rose to 66,641 days for an average population of 1,486.

"Another thing noticeable is the marked increase of total visits, that is all visits, including those of less than one week's duration. In 1910-1911, the total number of persons on visits was 424, and this represents a fair average of pre-social-service times. Since that time the numbers of visits for successive years have been 467, 536, 637, 780, 699, 676, 690, 702, 748.

"Though it be true that in most of our methods we are apt to be as conservative and individualistic as the men of years ago, yet the leaven of medico-sociological relations is gradually bringing about the socialization of medicine. Nowhere is this effect more apparent than in the state-hospital field. The opportunities for helpful assistance to the medical department and the need of such assistance is strikingly exemplified in a survey of the year's work at Danvers by the head social worker, Miss Bertha C. Reynolds. Three hundred and twenty-two persons were dealt with by the Social Service Department. Two hundred and fifteen of these had never before been referrd to the department. The sources of new cases were as follows: 67 per cent referred by physicians of the hospital, 33 per cent by outside agencies, such as other hospital social-service departments, family welfare societies, children's aid societies, friends of patients, the Department of Mental Diseases for special after care or investigation, etc. The 33 per cent referred by agencies outside the hospital contains its own commentary as to the progress in community relations since the old days of detachment, which happily had their termination with the organization of the present system.

"The problems for the solution of which the assistance of the social-service department was enlisted were in the following proportions; connected with disease, mental or physical, 46 per cent; connected with environmental or social conditions, 54 per cent, this including such things as poverty, environmental ill-adjustment, sex problems, employment problems, family dissensions, legal difficulties,

moral problems, supervision of drug addicts without psychosis, supervision of alcoholics without psychosis, wayward tendencies, vacillating interests, temperament, criminal tendencies, etc.

"What was really accomplished for the patients by coöperative medical and social efforts? Nothing is more difficult to estimate statistically, is Miss Reynold's comment. But a basis for estimate may be formed from the variety of services rendered. These include arrangements for medical care; readjustments in home, in work, in recreation, in church matters; arrangements for community supervision; plans arranged with relief agencies, with special agencies, with venereal-disease clinics, with employment agencies; legal aid secured; advice to patients; advice to relatives; contribution to diagnosis; contribution to decision in regard to discharge; contribution to morale; visiting and supervision of boarding patients; advice to social agencies; information to social agencies; assisting Red Cross with soldiers' compensation claims, etc. . . .

"Again, a survey by Dr. Butterfield of patients discharged under social-service supervision during the year 1917-18, shows 157, or 63 per cent of the whole, who have since been able to live in community life. . . . An inquiry as to the economic success of those discharged (total 250), shows 100 self-directed under social-service assistance and advice, 74 responsible for others, and 72 requiring social-service direction. Under social-service supervision, the discharges of 1917-18 have been 76 per cent successful, with only 24 per cent failures in three years."

TRAINING AIDS FOR MENTAL PATIENTS. By Eleanor Clarke Slagle. *The State Hospital Quarterly*, 7:167-74, February, 1922.

This paper is one of a symposium on occupational therapy read at the quarterly conference of state hospital managers and superintendents of New York and the State Hospital Commission at Manhattan State Hospital, December, 1921. The other papers, all of which are published in this same number of *The Quarterly*, are as follows: *The Teacher Problem in Occupational Therapy*, by Dr. Richard H. Hutchings, Superintendent, Utica State Hospital; *The Financial Aspect of Occupational Therapy*, by Dr. William C. Garvin, Medical Superintendent, Kings Park State Hospital; *Development of Occupational Therapy at Gowanda State Hospital*, by Dr. Clarence A. Potter, Superintendent; *Organization of Occupational Therapy in a State Hospital*, by Horatio M. Pollock, Statistician, State Hospital Commission.

In training aids for mental patients, Mrs. Slagle lays it down as a general principle that the emphasis all through the training should be placed upon "the relation of directed activity to mental adjustment and social rehabilitation". The term social rehabilitation is used with reference to three distinct groups of patients—one group that will in all probability spend the rest of their lives in the hospital, a second that may be returned to community life, and a third that may be profitably treated in a pre-hospital work clinic, with the idea of preventing hospital experience.

Candidates should be selected for the training course instead of the course being selected by persons who feel that they are fitted for the work. The selection should not depend upon the judgment of one person, but upon the combined judgment of a committee whose business it is to know all the requirements. Of prime importance in work with mental patients is the factor of personality. This term, so difficult to define, includes such qualities as gentleness, patience, vision, the ability to be honest and firm, abundant common sense, and adaptability or the power to live, for a time at least, in the world of the patient. "If by chance, the patient happens to be 'the Bride Adorned' or 'the Queen of Sheba' or the 'Special Emissary of the President', an ability to fall in line as one of the Honorable Subjects of so exalted a personage will often be an entering wedge in creating an interest in normal activity."

Occupational therapy for mental cases necessarily includes work with the group of deteriorated or deteriorating patients—notably the large group of dementia-praecox patients—to be found in every state hospital. The course for aids who plan to enter this field should, therefore, include habit-training work. The student should be shown how our lives are for the most made up of habit reactions and how occupation may be used remediably to overcome some habits, modify others, and construct new ones, to the end that habit reactions will be favorable to the restoration and the maintenance of health. She should be taught to bear always in mind, in work with mental patients, the necessity of requiring attention, of building on the habit of attention until it becomes application, voluntary and agreeable.

After habit training, the next step in the rehabilitation of the patient is kindergarten work. Prospective teachers must be taught kindergarten methods as applied to a reëducational program—what ways and means can be used to stimulate the special senses. "The employment of color, music, simple exercises, games, and story telling along with occupations, the gentle ways and means in use in educating a child, are equally important in reëducating the adult."

In advancing the patient from kindergarten through the various grades, the underlying pedagogical principle to be observed is that tasks must be of increasing interest and require an increasing degree of concentration. Finally, in the occupational center, or "curative workshop", the prospective aid has the satisfaction of using to the full the craft knowledge gained in her technical studies and of seeing really beautiful work accomplished. The author adds, however, that while occupational therapy is training, it is not vocational training *per se*, and that the manufacture of salable articles in a hospital does not indicate that the maker will, upon his discharge, earn his livelihood at that kind of work.

Upon introduction to the occupational-therapy department, students should be made familiar with the plan of hospital administration and should be instructed in hospital etiquette and the ethics of professional behavior. They should be given the opportunity also to take part in all the physical work, even assisting in the gymnasium, and should be made to realize the importance of this work of creating or recreating the play spirit as part of the occupational program.

Instruction in the care of equipment and in the utilization as well as in the buying of materials, in note taking and in the keeping of forms and records, are other points covered in the training.

In conclusion the author states that in her observation all the existing schools of occupational therapy provide good medical, social, and craft courses, and that the majority of aids understand crafts, but that the application to mental patients must be taught by some one fully acquainted with the needs in this field.

CRIMINAL RECORDS AND STATISTICS. By Horatio M. Pollock. *Journal of Criminal Law and Criminology*, 12:514-17, February, 1922.

In its annual report for the year 1919-1920, the Committee on Statistics of the American Institute of Criminal Law and Criminology presented a plan for the preparation of uniform statistics in institutions for criminals and juvenile delinquents. During the following year, the committee devoted its attention to ways and means of putting into effect the proposed plan and to the development of a scheme for securing better judicial criminal records and statistics. As a result the conclusion was reached that little is to be hoped for from the voluntary coöperation of institution and court officials. The plan for uniform statistics in institutions was submitted to the heads of prison departments throughout the country, but so far as is known, has been adopted only by the state institutions for criminals and delinquents in

Illinois and by two institutions in the state of New York. With regard to judicial criminal statistics, the situation is even worse, owing to the frequent changes in the personnel of county and city courts, and to the general lack of interest in anything connected with statistics on the part of court officials. So far as the committee was able to ascertain, no state bureau is collecting all the data it should concerning crime and criminals, and there is little coöperation between bureaus in different states; yet enough work is being done in many states to secure good results if the work were properly organized and directed. In its present report (November, 1921) the committee outlines the steps that it considers necessary if satisfactory data concerning crime and criminals are to be secured throughout the country:

"1. Every state should have *one* central bureau of criminal records and statistics to which all penal institutions, criminal courts, police departments, and parole, probation, and prosecuting officers should report on prescribed forms. In one state five separate bureaus are compiling criminal statistics and each bureau is practically ignoring the work of the others. Work of this kind must be centralized to be effective.

"2. A branch bureau under the general supervision of the state bureau should be maintained by every large city. Large cities need, for purposes of administration and crime prevention, a considerable amount of local data that would be of little interest to other localities. These data would be compiled by the branch bureau in addition to its work for the state bureau.

"3. The state bureau should establish a system of forms, records, and reports to be used by branch offices and by all recording and reporting officers throughout the state.

"4. The state bureau should provide a statistical manual explaining the system and should employ experts to instruct and assist recording and reporting officers, so that uniform standards might be maintained throughout the state.

"5. Reasonable specific compensation should be given to all officers reporting to the state bureau.

"6. Penalties should be prescribed by statute for failure to keep the required records or to report at the specified time.

"7. A competent statistician should be placed at the head of every state bureau. The importance of the work and the difficulties involved demand expert direction.

"8. There should be the fullest coöperation between state bureaus throughout the country and so far as possible all bureaus should use the same system. This is essential if we are ever to get good national statistics of crime and criminals.

"9. Every state bureau should publish an annual report containing a series of standard statistical tables.

"10. Every state bureau should report to the Federal Census Bureau as soon after the close of each year as possible, such reports to be uniform and to be based on data collected according to a standardized plan.

"11. The Federal Census Bureau should issue a yearly bulletin of criminal statistics which should be available to the public within a year from the close of the period to which it relates. Such a bulletin would of course include only the states that were compiling and reporting satisfactory data.

"12. Statistics of crime collected by state bureaus should give complete classified data of crimes reported to police officials and prosecuting officers, showing for each principal group of crimes the arrests made, the trials held, and the convictions resulting therefrom. These data should be given for the state as a whole and for each county and important city.

"13. Statistics of criminals in general would necessarily be limited, but more adequate data could be secured concerning convicts sentenced to state institutions. The plan proposed last year would serve as a basis for institution statistics.

"14. Criminals convicted for the first time should be separated in statistics from recidivists and each class should be carefully studied.

"15. Every state bureau should maintain an identification file of Bertillon measurements and finger prints, and there should be active coöperation between bureaus in exchanging records and in identifying prisoners.

"16. Every state bureau should be a bureau of information concerning all matters pertaining to crime and criminals and should lend assistance to courts and police officers.

"17. The Federal Government should coöperate in this movement for better statistics of crime and criminals by establishing in the Census Office at Washington a bureau that would compile adequate data of crime and criminals under federal jurisdiction and that would receive and consolidate reports from state bureaus, as above outlined."

The committee recommends that a model law relating to the establishment of state bureaus of criminal records and statistics be prepared by the institute, and that an effort be made to secure its adoption by the several states.

BOOK REVIEWS

GUIDES FOR HISTORY TAKING AND CLINICAL EXAMINATION OF PSYCHIATRIC CASES. By George H. Kirby, M.D. Utica: State Hospital Press, 1921. 83 p.

It is, of course, difficult to unify impressions about such a collection of details as is found in these outlines of psychiatric examinations as developed in the New York state hospitals. The need of method and technique in psychiatry is evident, and all objections to a standardized method are ably answered in the pages of this manual. There is no intention to interfere either with the patient's anxiety to tell his own story in his own way, or with the physician in exercising his full judgment as to what to press and what to omit. The importance of covering a definite minimum and of thinking over thoroughly whatever is omitted cannot be overstated.

There are a number of pages on history taking in which the fact is recognized that the history should grow as do the medical notes and that valuable histories come in months after the admission of a patient, and on top of a history that already seems full. The features made most prominent in the guide are studies of personality, of preferred reactions—"which actually serve to guide an individual into a psychosis"—and of the endocrine make-up. In the physical-examination scheme, not much attention is paid to the part that may be played by non-psychiatric specialists—the roentgenologist, for instance—in the search for infections. In regard to the mental examination, it is brought out that some patients are accessible only on the day of admission and on the day of discharge. In these mental examinations we are always doubtful between the Scylla of monotonous question and answer and the Charybdis of—not what the driving forces and sequences of events are, but what the physician thinks they are.

The book is too large for the pocket and should be supplemented by the examiner's own pocket manual.

EARL D. BOND.

Pennsylvania Hospital, Philadelphia.

WOMEN PROFESSIONAL WORKERS. By Elizabeth Kemper Adams, Ph.D. New York: The Macmillan Company, 1921. 467 p.

In 1910 a volume entitled *Vocations for the Trained Woman: Introductory Papers* was issued by the Women's Educational and

Industrial Union of Boston, containing brief descriptive articles on occupations other than teaching. It was followed later by two volumes devoted to intensive studies of opportunities for women in agriculture, social work, secretarial work, real estate, and domestic science. "The present volume", the author says, "is an attempt under the same auspices to survey the field afresh in the light of a decade of active development culminating in the experiences of the war." Schedules of inquiry that were filled out by professional women and their employers form the basis of the book. It is evident that many other sources were tapped. In addition to the great amount of information furnished by the text itself, there are numerous detailed references.

The first chapters contain a thorough study of the change in the meaning of the word professional, followed by a discussion of the relation of women workers to the professional group. Subsequent chapters are devoted to descriptions of the various professions in which women are engaged, together with detailed analyses of the duties connected with them and suggestions as to qualifications for them. One is somewhat surprised at the number and variety of professions that are now attracting women. The last chapters are devoted to methods of securing employment, with a brief review of the history and present status of vocational bureaus, valuable suggestions for women professional workers, and a selected and annotated reading list.

The reviewer is particularly interested to observe the emphasis placed upon mental hygiene. Such topics as the mental-hygiene movement, human behavior, psychiatrists, psychologists, psychiatric social workers, occupational therapists, mental tests, school clinics in mental hygiene, special classes in the public schools, and the mental aspects of juvenile delinquency are presented. To persons actively engaged in the field of mental hygiene the following views expressed by the author will be gratifying: that in college departments of health at least one doctor should be a specialist in mental medicine; that a practical course in mental hygiene should be included in the training-school teaching of all nurses; that all health workers should have more training in psychology and in mental hygiene; that every probation officer or other worker with delinquent or wayward women and girls should know both the medical and the mental elements involved; and that health centers should include mental-hygiene clinics. Readers of MENTAL HYGIENE may be interested in the following statement: "No case-workers of any type, including teachers, can afford to be ignorant of the quarterly entitled MENTAL HYGIENE, issued by the National Committee of that name."

In speaking of opportunities for women physicians, the author states: "Antituberculosis work has long been a meeting ground of doctor, nurse, and social worker. The new fields of social hygiene and mental hygiene call imperatively for the intimate coöperation of doctors, nurses, teachers, social workers, civic workers, industrial relations workers. . . . Women psychiatrists are needed in many fields, especially in protective and corrective work with women and girls, in education, and in industry. Hitherto their opportunities have been chiefly in connection with mental hospitals. But more general recognition of the prevalence of unstable and psychopathic persons in the community and of the value of preventive work with children and young people is greatly enlarging these opportunities and calling for a new type of training and experience. Some women psychiatrists have already established themselves as independent practitioners and consultants."

In one of the chapters dealing with social service, the following significant paragraph is found:

"But case-work is being more fundamentally strengthened by several independent movements, the social bearings of which grow steadily more apparent. Chief among these are (1) the mental-hygiene movement, which deals with emotional and volitional conduct disorders and their prevention; (2) the movement for intelligence tests of people of different educational and occupational groups to discover inferior, average, and superior native ability; (3) the vocational-guidance movement, which seeks to relate individual aptitudes and occupational requirements and resources; and (4) the employment or personnel management movement, which seeks to utilize the results of the first three movements in promoting industrial productivity and the personal satisfactions of the individual worker. All these movements are based on the case-work view that expert study of the individual is requisite for satisfactory adjustments and readjustments in practically every type of social situation. It is a theme for the satirist that persons who would shudder at being considered 'cases' in the ordinary social-service sense plume themselves upon having been 'psychoanalyzed' or 'mentally tested'. The psychiatrist and the psychologist are doing to some extent for the well-to-do what the case-worker has done for the poor. They strongly reënforce the view that preventive and educational work must begin with the child; and also give warning of the damage done by clumsy and unskilled handling of problems of personality and conduct. . . . "

The data furnished by the schedules of inquiry are presented in a manner that is both interesting and convincing. Comments incorporated in the schedules, at times frank and illuminating, are freely

quoted. Into these are skillfully woven the views of the author, which are expressed in a scholarly and stimulating manner. The book should be especially valuable to the undergraduate in choosing her profession, to vocational advisors, to educators, to employers, and to all women who are or hope to become professional workers.

EDITH M. FURBUSH.

The National Committee for Mental Hygiene.

WHAT IS SOCIAL CASE-WORK? By Mary E. Richmond. New York: Russell Sage Foundation, 1922. 260 p.

It will be interesting to watch the reaction of social workers in general to Miss Richmond's book. If they accept her point of view, then social work has moved a long way. One feels reasonably safe in predicting the reaction of psychiatrists and psychiatric social workers. The reaction will be one of surprise—agreeable surprise so far as most of the book is concerned, but surprise with a little amazement at the rest of it. That Miss Richmond, out of the richness of her experience, has come to define social case-work as she does will certainly come as an agreeable surprise; that, having progressed so far, she stops short and falls back eventually on what I am sure she would consider the inadequacy in the work of the early volunteer charity worker will bring some up with a short breath.

Social work as we know it to-day is, of course, a development from the work of the volunteer charity worker of a generation or so ago, whose interest was in ameliorating the condition of the poor. Her primary interest was frequently religious; she was an untrained worker and the impulse that brought her to the work was frequently a sentimental one. She dealt with "relief"; causes did not interest her. Her tools were kindliness of heart, pity, a desire to help, and such funds for "relief" as she could gather. From these beginnings has developed social work as we know it to-day—a trained body of workers who choose their profession as another may choose his; who are interested in the relief of suffering, but who study their problems in a large way, searching out fundamental causes and endeavoring to modify these, rather than focusing their attention on each case as an isolated case; who believe in helping others to help themselves rather than in a pauperizing process that comes of the indiscriminate doling out of funds.

The object of social case-work, says Miss Richmond, is the developing of personality. In other words, allowing for certain extraneous causes that may be at work in any given case, the chief difficulty is likely to be found in a defect of personality that makes it difficult or

impossible for the individual to meet certain critical situations. The object of the social worker, therefore, must be, according to Miss Richmond, not that of another extraneous force that comes in to neutralize temporarily the other forces, then to remove itself to await the next crisis, but the object should be so to develop and strengthen the personality of the client that the next crisis will be met by a different individual—an individual better able to cope with a crisis.

Dr. Southard reviewed Miss Richmond's first book, *Social Diagnosis*, and pointed out that although no note seemingly was taken of it, over half of the cases recorded in the book showed unmistakably that psychiatric problems were involved and that one was merely fumbling with such cases as long as this fact was unrecognized. One wishes that Dr. Southard were here to review Miss Richmond's present thesis. He might question her use of the term "personality", wondering a bit if that is just the term she wants; but he would not quibble over such a matter. He would rejoice at the direction Miss Richmond's thought has taken.

But here Miss Richmond stops. The social case-worker is to develop personality. What are to be her tools? Shades of the volunteer charity worker in the crinolines of the 1850's! Kindliness, patience, a spirit of helpfulness, and an "intangible something that passes from mind to mind". To accomplish her main job, then, the case-worker must fall back upon the inadequate tools of the early worker in volunteer charity. What can Miss Richmond mean? Does she mean that there are no other tools available, that personality is a vague and mysterious thing, and that it can only be dealt with in a vague and mysterious way? If so, she puts an impossible burden upon the case-worker. The examples she gives of what she means are not always reassuring—walking the streets all night with a woman to keep her from drinking; that may have been kindly, but it seems a bit inadequate. It would seem to belong to the cup-of-cold-water period. Certainly all the qualities Miss Richmond mentions are needed by a social case-worker, but it might help if, in addition, the case-worker got away from some of her mysticism and learned something about personality, about some of the dynamic forces that are at work in an individual, whether a social worker or a client, both to warp and wreck and to make fine and beautiful.

Is it to be inferred that Miss Richmond knows nothing of these things, that she is unaware that progress has been made in the understanding of personality since 1850? No such inference can be made, we feel quite sure. One gets from between the lines that Miss Richmond has read broadly on these subjects. She knows about these

things, but she is not yet convinced. Thus far, she feels sure; beyond, she is not so sure—and, quite rightly, does not venture. But one believes that she is thinking considerably past the point at which she stops in her writing. She is thoughtfully feeling her way—and social work will be the gainer both for her conservatism and for her thoughtfulness.

There is a possibility, of course, that Miss Richmond's thought will crystallize at this point and that she will make no further progress. But one does not entertain this view for a moment. One expects a third book—a book that will be as far in advance of this book as this book is an advance of *Social Diagnosis*. This is to disparage neither *Social Diagnosis* nor the present book. The reputation of the first is too well known to need defense, and the latter marks an important step forward in the philosophy of social work. It is merely to record what any of us might be glad to have recorded of us—that our work shows a consistent growth—and what any of us might be glad to have hoped for us—that the end of our growth is not yet.

FRANKWOOD E. WILLIAMS.

The National Committee for Mental Hygiene.

THE TREND OF THE RACE. By Samuel J. Holmes, Ph.D. New York: Harcourt, Brace, and Company, 1921. 396 p.

If politicians are divided into two groups—those who "point with pride" and those who "view with alarm"—biologists on the whole are unanimous in their viewing with alarm the trend of modern civilization. Dr. Holmes is no exception to this rule. He also sees in certain phenomena of present-day civilization a trend toward race degeneracy.

In his introductory statement, he says that a person with our present knowledge of human heredity, and endowed with the authority which the great master in Campanella's *City of the Sun* exercised over the matings of men and women, could produce in a few generations a remarkable array of diverse types. He could, for instance, breed an Albino race and then raise a feebleminded race, an insane race, a race of dwarfs, a race with hooklike extremities instead of hands, a race of superior intellectual ability, or a race of high artistic talent.

The reviewer mildly begs to differ with the above introductory statement. He does not believe that an insane race or a race with hooklike extremities instead of hands, and especially a race of superior intellectual ability, could be bred, to say nothing of a race of high artistic talent.

A woman to whom a good deal of this book was read said: "Too

many of the biologists talk in arithmetical terms instead of in algebraic as they should. In arithmetic x=10, in algebra x=unknown. They have many x's in their calculations, but the one error they make is to believe that they are 10 instead of unknown." This is introduced to emphasize the fact that the author who is not a psychiatrist or a medical man serenely speaks of insanity, feeblemindedness, and delinquency as if they were nice, easily juggled characters instead of constituting ranges and ranges of problems of entirely diverse natures. For this he is not to be blamed, since a good deal of the psychiatric thought in America has taken the same attitude, which is essentially a layman's attitude. But there is no such thing as insanity, no such thing as feeblemindedness, no such thing as delinquency; these are mere terms used to cover entirely different types of conditions, and many of the statements current to-day are based upon the works of biologists, not medical men, such men as Davenport and Goddard.

And here again we meet the famous Kallikak family. The reviewer must confess that a sense of incredulity is raised to the *n*th power whenever he hears of the two lines of descendants of Martin Kallikak. On the one hand, he bred a family absolutely bad, and on the other a family absolutely good. The whole story is too good to be true. Nothing like it is seen anywhere else. Everywhere else one finds, instead, good people breeding bad people and bad people breeding good people. Saints are descendants of prostitutes and prostitutes are sprung from the loins of saints, but not so with Martin Kallikak. By marrying into a respectable family, he had nothing but respectable descendants; by having illegitimate relationships with a feebleminded girl (who made the diagnosis after a century had passed?) he had nothing but feebleminded and delinquents. If this story is true, it is too exceptional to be of any value. Dr. Fernald's recent paper on the descendants of some of his feebleminded show that they are quite capable of breeding normal people, and any one who has had any clinical experience knows that feebleminded people appear without any definite known cause in the very best of families, biologically speaking. It is far too early for us to make Mendelian laws for that group of x's we call feeblemindedness and that group of more mysterious x's we call insanity.

However, it may be said that Dr. Holmes does not quite swallow all that has been said on this matter, but takes it with a grain of salt. The only quarrel the reviewer has with him is that he should, instead, have taken it with a ton of salt.

There is a very interesting chapter on the inheritance of mental ability, based mainly upon the work of Galton, but also that of Woods

and Davenport. His concluding paragraph is interesting; I quote part of it: "Great men, it is true, seem to rise further than their source. Generally they come from ancestry considerably above mediocrity, and I venture to express the opinion that a great man has never been produced of parents of subnormal mentality. A great man is more apt to rise if both parents are of very superior ability than if one parent is not above mediocrity." The author quotes, of course, the cases that are well known—the Darwin family, the Balfour family—as examples of families in which great mental ability was a persistent quality. To the reviewer, these families seem the exception rather than the rule, and there are very few examples of great ability persisting for more than one or two generations. To the reviewer it seems that the great man is a sport, a variation, and to be accounted for on that basis rather than as an example of true heredity.

An exceedingly interesting series of chapters deals with the birth rate and its decline. Here Dr. Holmes is on sure ground, for nobody can deny that the birth rate is dropping, and furthermore no one can deny that the more successful limit their families more than do the non-successful. Whether or not that disparity will exist in another generation or two, when the knowledge of birth control has spread throughout the community, is an open question. The reviewer has watched the decline of the birth rate amongst immigrant stocks and has found it to exceed that of the native stocks only for a generation or two; then the descendant of the immigrant becomes thoroughly Americanized and has as small a family as his Anglo-Saxon compatriot. However, at the present time it seems unquestionable that a rather serious biological fact is contained in the observation that the birth rate of those who seem to be the better human types is much lower than those who seem to be the poorer human types.

In the chapter on natural selection in man, the biological point of view is quite pronounced. All the biologists seem almost to rejoice in the high infant death rate, for they look upon it as a selection of the unfit. The fact that it is secondary to bad feeding and poor care does not daunt them, for they promptly conclude that these factors are due to the low mental level of the parents, and therefore are part of the inferiority of the unfortunate infants. That a large majority of immigrants are slum dwellers at first, and that the slum dwelling is a result of their situation as immigrants rather than of their inferiority, does not seem to have reached the attention of the biologists. In fact, they are not concerned with such factors. Here Dr. Holmes quotes Dr. Saleeby's statement that those who survive are also injured—that "to talk of natural selection in anything so haz-

ardous and unnatural as a slum is widely unscientific"; that what really happens in the slum is "the damaging of all the life therein"—and mildly chides him for his impetuous and indignant protest. Nevertheless, his final sentence in this chapter is important: "A high infant death rate caused by agencies with an injurious effect on the germ plasm, instead of being a blessing in disguise, might prove to be an index of racial decay." With this sentence the reviewer is in hearty accord. Some day generations as yet unborn will say of our times: "This was a generation that knew how to fly in the air and dive under the waters, that had reached the stage where they could talk across aërial spaces and knew the marvels of serums and antitoxins, and yet this generation tolerated the slums."

A chapter on the selective influence of war is a comprehensive survey of the effects of war on the quality of the human being. It is pointed out that earlier warfares were probably eugenic in their influence whereas the later ones are dysgenic. He states that it is not improbable that most European wars have been injurious to all parties concerned in so far as the stock is concerned. How any one can doubt that, in view of the heavy mortality amongst the best physical and mental specimens, is a mystery to the reviewer.

Dr. Holmes then deals with selection, assortative mating, etc. Here again he becomes rather pessimistic as showing that the higher grades of individuals in the community are marrying late and having few children. One wonders, when reading about the superior peoples who marry late, whether or not their qualifications for superiority are not a bit artificial. They seem very selfish, quite cowardly, distinctly wedded to comfort and ease, and so they marry late and have few children. Their qualifications for superiority seem to rest entirely upon their achievements in the purely artificial fields of endeavor. Perhaps they lack fundamental instincts and are quite inferior.

The chapter on consanguineous marriages and mixed marriages is an interesting one, and you are given your choice of all kinds of opinions, especially in regard to mixed marriages. "Mixed marriages are horrible", says Shultz. "The mongrel is a degenerate"; and, on the other hand, say Rueter, Hoffman, Fisher, and Plossbartl: "Mixed marriages do no such thing and even produce superior people."

The chapter on alcohol and disease in their effects upon the hereditary structure of the human race is a well written and very comprehensive study. The author seems to be very well informed on the work done and has quoted almost the entire literature. To the reviewer's mind, this is the most important field of study in the whole

hereditary problem. The biological fetish that the germ plasm is somehow a thing set apart and uninfluenceable by environmental factors has paralyzed the thinking of our times along fruitful lines, but fortunately we are at a period when experiment is beginning to take the place of prejudice. The germ plasm is part of the body. The evolution of a primitive germ-plasm cell into the fully mature spermatozoön or ovum takes place within the body and is influenced by the state of nutrition, the condition of the blood, and the organic health of the individual taken as a whole. The fruitful study of heredity will attempt to discover what toxic substances hinder or deviate this development, and this is a study for clinical biologists or biological medical men.

This book is splendidly written and the subject matter is presented with great clearness and a sober, dispassionate impartiality that is admirable. Yet the author does not hesitate to express his own opinions wherever he has any. There is a remarkably good bibliography given at the end of each chapter. This bibliography alone makes the book invaluable to every one interested in racial problems, and especially the racial problems underlying health, mental and physical. Though varying from many of the attitudes taken by the author, the reviewer has no hesitation whatever in stating that every student of mental hygiene and every student of racial welfare should give this book a place of honor in his library.

ABRAHAM MYERSON.

Tufts Medical College.

MIND AND WORK; THE PSYCHOLOGICAL FACTORS IN INDUSTRY AND COMMERCE. By Charles S. Myers, M.A., M.D. New York: G. P. Putnam's Sons, 1921. 175 p.

This interesting and useful book suffers from one main defect. Brevity, which is the soul of wit, is not the essential of exposition, and it seems to the reviewer that had Dr. Myers allowed himself more space, a brilliant contribution would have been the result.

The first chapter, which deals with the study of movement, is largely a restatement of the work of Gilbreth, and is a fine acknowledgment of the world's debt to the American industrial engineer.

Following this is his study of fatigue, and Myers lays great stress, and wisely, upon boredom and monotony as factors. The load the worker should carry, his posture, the illumination, ventilation, humidity, and temperature of the workroom are given space, but the writer also considers security against danger, length of hours, rest periods, etc. Vocational selection and guidance are discussed in general terms, which is perhaps all that can be done at the present time.

Restriction of output through deliberate act of the employee is analyzed, and the author cites cases where such restriction seems on the whole excusable in view of the unfair and selfish attitude of the employer. The danger and value of the bonus system are shown, and the relation between output and number of men on a job is considered. The chapter on the whole is characterized by a fair and exceedingly humane attitude.

The chapter on systems of payment is admirable in its restraint and clearness. The last chapter, which deals with the subject of industrial unrest, is largely a study in psychopathology.

The point of view of the dissatisfied employee is put with great fairness, and Myers rightly stresses the fact that the employee of the present day has been robbed of his right to a true vocation by the specialization of industry. He lays much emphasis on the necessity of allowing the worker to control by representation some part of his working conditions.

This study is on the whole dignified, clear, and impartial. It deserves to be included in the library of all persons interested in industry, as well as those not interested in industry who should be interested. Science, art, religion, and all the manifold activities of man are in the end based on the production and distribution of the commodities of the world.

The underlying problems of industry are not to be solved by the psychopathologists or psychologists alone, and the psychiatrists or psychologists who are presumptuous enough to claim this for their sciences in the end bring ridicule upon themselves. Furthermore, they delay the time when these two sciences will make their contribution to the study of industry, for it is true that psychiatry and psychology have discipline, data, and technique by which they can help in the solution of the intricate human problem that underly industry. Dr. Myers has certainly not claimed too much for the sciences he represents, and in that respect he might well be imitated by American psychiatrists.

ABRAHAM MYERSON.

Tufts Medical School.

PASTEUR: THE HISTORY OF A MIND. By Émile Duclaux. Translated by Erwin F. Smith and Florence Hedges. Philadelphia: W. B. Saunders Company, 1920. 363 p.

Only now and then does a book such as this come from the press; it is of a kind all too rare. It is the sort of book one feels sure the author delighted in writing. While it was in process, there may have been many papers written under pressure, books and reports prepared

for an immediate purpose amid the daily routine and irritation. But always the author returned to this manuscript with delight, unhurried, with no immediate purpose in view. It is such a book as one turns over and over in one's mind, plans it and replans it, thinks and dreams of it, and says, "Some day I'll write it"—a book that before it is written is a part of one's self. Occasionally one of these books out of the richness of some one's living or experience gets written, and those of us who are so fortunate as to find it carry it home and cherish it.

These are seldom popular books. Usually they come from the press unheralded and are little known except to the few who almost by accident find them out. This particular book was published in France in 1896. Its author had been dead some three years when Erwin F. Smith, pathologist of the United States Department of Agriculture and the senior translator, discovered the title in a German catalogue of second-hand books. Ten years later—the book still undiscovered by the public—Smith begins his translation. Fifteen years after the death of its author the book becomes known to English readers.

The author, Émile Duclaux, was a student and assistant in Pasteur's laboratory. Upon the establishment of the Pasteur Institute in 1888, he was selected as administrator, and at the death of Pasteur in 1895 he was elected to succeed him as director. In his introduction Smith has given an interesting account of the life and work of Duclaux.

The book is more than a life of Pasteur. After Vallerey-Radot's classical *Life of Pasteur,* a biography was hardly needed. Duclaux's book is an absorbing account of one of the most fascinating periods in the history of science, the period when science was in a death grapple with the theory of spontaneous generation, a struggle less well known, perhaps, but as bitter and acrimonious as the conflict in England at almost the same time over evolution; the period when microscopic life now known by every schoolboy was first being suspected and then discovered and the foundations laid for our present knowledge of the part these organisms play in the economy of life. Every schoolgirl in a class in domestic science understands lactic and alcoholic fermentation—but what a mystery it was so recently as the 1850's, and what a conflict engaged the scientific world, and not alone the scientific, but the religious world, before it was over!

Through this conflict and the one over spontaneous generation, and those concerning diseases of wines and of silk worms, microbial diseases in animals and man, and finally those over viruses and vaccines, Duclaux takes us, building for each a brief, but vivid historical background. Against this background Pasteur is then shown at work; not so much Pasteur the man as Pasteur the scientist, his imagination,

his skill as an experimenter, his logic. The book is indeed the history of a mind, and a marvelous story it is as it unfolds.

The account of the development of Pasteur's ideas and the progress of his work are alone of great value, but there is much in the book besides; much that is of the wisdom of Duclaux. "This is a good illustration", he comments, after narrating the vicissitudes of Pasteur's contest with Pouchet, Joly, and Musset over the presence of germs in Maladetta air, "of what a series of judgments, revised without ceasing, goes to make up the incontestible progress of science. We must believe in the progress, but we must never accord more than a limited amount of confidence to the forms in which it is successively vested. One sometimes reaches the truth by error and sometimes error by truth."

The book is one to take on a vacation, not to be read through at a sitting, but to be picked up from time to time. It is richer in romance than a novel, fuller of courage and daring than a Western story. It is a book from which to gain inspiration and renewed confidence in the "incontestible progress of science". But one caution. Unless you are a physical chemist or a crystallographer, after reading the introduction pass to the second chapter.

FRANKWOOD E. WILLIAMS.
The National Committee for Mental Hygiene.

HERE AND NOW STORY BOOK. By Lucy Sprague Mitchell. New York: E. P. Dutton and Company, 1921. 360 p.

This is a collection of short stories for children from two to seven years of age. It is claimed that these stories are psychologically correct, both as to content and form, and severe criticism is given to most of the children's stories of to-day. As a whole, the book is a useful addition to the small child's library.

The stories are prefaced by a seventy-two-page introduction in which the author discusses the theory of story telling to children. This merits careful reading by any one interested in the subject. According to the author, children's stories are to be thought of as having two components—content and form.

She claims that the content of stories for small children (two or three years old) should deal with familiar activities, with the things that make up their own world. The story must have plot, but no climax or sense of completion. A child thinks in motor terms, so the story should be in motor terms. "Stories, if they are to be a part of an educational process, must also further the growth of the sense of reality, must help the child to interpret the relationships in the world

around him and help him to develop a scientific process of thinking." This statement would indicate the importance of story books for small children in relation to the problem of mental hygiene, and the issue may well be raised whether the ordinary fairy tale does not have an exactly opposite effect. This point of view is advanced by the author, who holds that most fairy tales, myths, and sagas are to be condemned. Yet a lingering doubt remains. Is primitive man essentially a child, and if so, are not primitive myths and folklore things to be understood by the child and to appeal to him? The author further states: "It is the peculiar function of a story to raise inquiries, not to give instruction. A story must stimulate, not merely inform."

Having discussed the content of children's stories, she next takes up the form. She states: "If content is but half, form is the other half of stories and not the easier half, either. Every story, to be worthy of the name, must have a pattern, a pattern which is both pleasing and comprehensible. This design, this composition, this pattern, whether it be of a story as a whole or of a sentence or a phrase, is as essential to a piece of writing as is the design or composition to a picture. It satisfies the emotional need of the child which is as essential in real education as is the intellectual. Without this design, language remains on the utilitarian level . . . where, to be sure, we usually find it in modern days." As to the type of pattern, the author maintains there are two fundamental principles: "The individual units, whether ideas, sentences, or phrases, must be simple", and "These simple units must be put close together."

A child attends to but one thing at a time, and his steps from one point to the next are short and clear. It is held that an enormous amount of repetition is relished by children of three or four years of age.

In analyzing the popularity of such books as *Mother Goose*, the author is of the opinion that it is the form and not the content that makes the enormous appeal to children. She believes that the real reason for giving stories to children is to get them to create their own.

The stories that follow in the book are patterned after those that children themselves have told, as the author feels that this is the correct guide to the ideal child story. The reviewer is not entirely convinced of this; most of us prefer stories written by some one of much greater ability than ourselves.

KARL M. BOWMAN.

Boston Psychopathic Hospital.

MAN'S UNCONSCIOUS SPIRIT; THE PSYCHOANALYSIS OF SPIRITISM. By Wilfrid Lay, Ph.D. New York: Dodd, Mead, and Company, 1921. 337 p.

To use the author's own words, his thesis is "that the verbal utterances of mediums are but the fortuitous emergence into the medium's consciousness—or in some cases into the consciousness not of the medium, but of those who listen to him while he is in his trance—the emergence into consciousness of experiences which have for years or decades lain buried in the medium's own unconscious, and these utterances are not the result of telepathic communication from the living or from the spirits of the dead".

"Modern psychology is throwing more and more light on the unconscious and increasing the possibility of resuscitating in the individual memories which have lain dormant in him for years, and the results achieved show that there is in the content of the mediumistic messages a great similarity to that of the ordinary unconscious of the average man and woman."

Obviously, then, familiarity with the principles of the modern psychology, particularly psychoanalysis, is important for an understanding of spiritualism. The book is, therefore, written "to present as clearly as possible the complicated subject of the application of psychoanalytic facts to the claims made by the spiritists, and to indicate, for the help of those who instinctively feel that spiritism is a misinterpretation of facts, how the factors revealed by a knowledge of the unconscious bear upon the asseverations of the adherents of spiritism, and what regions of the normal human mind the spiritists have entered, without knowing it, and brought back from subliminal depths material that is not in any way extraordinary, nor valuable as a logical proof of the tacit assumptions of spiritism".

There is much interesting discussion of the application of the principles of psychoanalysis to spiritualism, most of which cannot be treated in a brief review. It may be pointed out, however, that the author at times emphasizes the emotion of fear as an element in determining spiritualistic interest. As he says in his introduction, "the energy expended by psychics and psychical researchers, in attempting to prove immortality and the various other phenomena, is a conscious desire prompted by an unconscious fear"; and again, (page 67) "The spiritist is one whose emotions are largely enlisted on the subject of death. He has, so to speak, a death complex . . . life, and by that I mean the continuance of conscious personality, will come more and more to be regarded as the greatest desideratum and death quite the opposite. Therefore, such a person will con-

sciously collect all possible evidence for the continuance of life and for the non-existence or the explaining away of death."

On the other hand, he says later (page 259): "The belief in disembodied spirits is the direct result of the unconscious death-wish on the part of the individual having this belief. . . . The wish for the death of some definite person, which is unconscious in the mind of the adult, was a conscious wish in the mind of the same adult when he was a child." He maintains that this infantile wish for the death of some person, particularly a near relative, is sadistic. He further maintains (page 261): "The way in which the sadistic death-wish tension is relaxed is through the compensatory wish for the continuance of the life of the person wished dead. . . . Hence the spirit world, which is the objectivation of the sadistic death-wish in the unconscious of the believer in spirits, and which is nothing else, having no foundation in absolute reality . . . the stronger the unconscious sadism, the profounder the belief and in some cases the more energetic the attempts to prove scientifically the existence of something that scientifically cannot even be conceived."

In the minds of some readers, the author perhaps might seem hardly consistent in the explanation of spiritualistic interest on the basis of fear of death and also as a compensation for the death-wish regarding some other person, and to these same minds the sadistic element in spiritualism might not be evident.

The author looks upon spiritualism as emotional and not scientific. "Science has to abandon all so-called certainty or knowledge not acquired by mathematical operations or laboratory experiments, and brand it neither certainty nor knowledge." (Page 244). And again (page 276): "The evidence of the senses is worthless for science." The author maintains that before spiritualism can be made scientific, there must be "the complete exclusion of the human element from all experimentation . . ." He implies throughout the book that the practice of psychoanalysis is scientific, but it is conceivable that the spiritists might argue that his assertions regarding the underlying motives in the spiritists were just as emotional as the spiritists' assertions about their investigations. As he himself says (page 256), "All statements, being the expression of judgments, are the verbal expression of the unconscious wish . . . we naturally say that something is so merely because we wish it were so (whether it is or not)." It would appear that the author would have a rather difficult time to prove that the psychoanalytic investigation of spiritualism was free from the human element and therefore scientific.

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New York Psychiatric Institute.

AMERICAN ASSOCIATION FOR THE STUDY OF THE FEEBLEMINDED: Proceedings and Addresses of the Forty-fifth Annual Session, Held at Boston, Massachusetts, May 28, 29, 30, and 31, 1921. Benjamin W. Baker, M.D., Editor. Published by the Association, 1921. 150 p.

One of the oldest national medical associations in the country is the American Association for the Study of the Feebleminded. During the Centennial Exposition in Philadelphia in 1876, an invitation was extended to the "Superintendents of Institutions for Idiots and Feeble Minded Persons" by the Pennsylvania Training School at Media to meet for the purpose of organizing an association. On June 6 there were present Dr. E. Séguin of New York, Dr. H. B. Wilbur of Syracuse, Dr. G. A. Doren of Columbus, Ohio, Dr. C. T. Wilbur of Jacksonville, Illinois, Dr. H. M. Knight of Lakeville, Connecticut, and Dr. I. N. Kerlin of Media. At this meeting an organization was formed and designated the "Association of Medical Officers of the American Institution for Idiotic and Feeble Minded Persons" and the following officers elected: President, Dr. E. Séguin; Vice-president, Dr. H. B. Wilbur; Secretary and Treasurer, Dr. I. N. Kerlin. No papers were read at this first meeting. The second meeting was held in 1877 at the Ohio State Asylum for the Education of Idiotic and Imbecile Youth, Columbus. The following papers were read at this session: *A Typical Case of Sensorial Idiocy* by Dr. E. Séguin; *The Organization of Establishments for the Idiotic and Imbecile Classes* by Dr. I. N. Kerlin; *Prevention of Mental Diseases* by Mrs. C. W. Brown of Barre, Massachusetts; and *Classification of Idiocy* by Dr. H. B. Wilbur.

The association, which later changed its name to the American Association for the Study of the Feebleminded, has continued its meetings since 1876, and its annual published proceedings form an invaluable record of the development of the care of the feebleminded in this country and the studies, both clinical and social, that have been made in the past forty-six years. The early proceedings were published by the J. B. Lippincott Company of Philadelphia. For a number of years the proceedings were published as the *Journal of Psycho-asthenics,* edited by the late Dr. A. C. Rogers of Faribault, Minnesota. The proceedings for the Forty-fifth Session returns to the earlier and more usual form of such publications. The present volume is attractively printed and has been ably edited by Dr. Baker, secretary of the association. Among the papers thus made available are the following: *Colony Care for Isolation Defective and Dependent Cases,* Dr. Charles Bernstein, Superintendent, Rome State School, Rome, New York; *One Hundred Institutionally Trained Male*

Defectives in the Community under Supervision, Mabel A. Matthews, Head Social Worker, Massachusetts School for Feebleminded, Waverley; *Extra-Institutional Care of Mental Defectives,* Dr. E. W. Fuller, Senior Assistant Physician, Rome State School, Rome, New York; *A Clinical Demonstration of Endocrine Symptoms in the Feebleminded,* Dr. Walter Timme, New York City; *Massachusetts Methods of Dealing with the Defective Delinquent,* Hon. Herbert C. Parsons, Trustee of Wrentham State School and Commissioner of Probation for Massachusetts; *The Parole System at the Wrentham State School,* Johanna D. Lillyman, Head Social Worker, Wrentham State School; *The Methods and Uses of Group Testing of Intelligence,* Professor Walter E. Dearborn, Psycho-Educational Clinic, Harvard University; *The Scientific Recognition of Characterial Organizations in Psychiatry to the Feebleminded,* Dr. Guy G. Fernald, Medical Director, Massachusetts Reformatory, Concord.

It is understood that there are available at the present time a few complete sets of the proceedings of this association. As an historical record alone, these have very great value, and libraries, as well as institutions, will, no doubt, be glad to know that they are available.

HARLEY A. HAYNES.

The National Committee for Mental Hygiene.

THE ESSENTIALS OF MENTAL MEASUREMENT. By William Brown and Godfrey H. Thomson. Cambridge: Cambridge University Press, 1921. 216 p.

This book gives a technical account of the mathematical theories of mental measurement, with some rather happy popular illustrations of the points it wishes to convey. It will be of interest to the student of psychology who is seeking a more perfect method of measuring and correlating his data, not to the beginner.

The first part is called *Psycho-physics,* and describes several psychophysical methods, together with means, not only of measuring, but of determining the reliability of material collected by them.

Part 2, *Correlation,* after going into great mathematical detail in deducing the various formulæ for correlation coefficients, takes up Spearman's theory of general ability. Spearman came to his conclusion because the coefficients of correlation between a number of mental tests and school grades arranged themselves in a hierarchical order. That is, in a given group, "a" ability will correlate highly with "b" and "c", less highly with "d" and "e", and not at all with "f". This would seem to indicate that there is a general factor at the basis of all these special abilities.

Thomson replies by showing, with dice and playing cards, that this hierarchical order is inherent in the correlation coefficients, not in the individual. In the second place, the failure in practically all experiments on transfer of training, of practice in one skill to make one more efficient in another, indicates that abilities are special, and not general. "As an alternative theory, Thomson has advanced a sampling theory of ability in which any performance is considered as being carried out by a sample of group factors. This theory is preferred because it is more elastic and wider, and because it is in closer accord with theories in use in biology and in the study of heredity."

DONALD SLESINGER.

The National Committee for Mental Hygiene.

FIELD WORK AND SOCIAL RESEARCH. By F. Stuart Chapin, Ph.D., Professor of Sociology, Smith College. New York: Century Company, 1920. 224 p.

Sociology, long a vague and hybrid body of knowledge, despised by students of older and more exact disciplines, is in process of becoming a science. Some may see in it neither data nor method for such a claim. This book should enlighten them. It is a critical study of the tools that are available to the worker in social research. We can do no better than quote the following table in which Chapin analyzes the inductive method and its correlative steps in social research:

The inductive method	*Methods of social research*
1. The working hypothesis.	1. The historical method of critically using documentary sources (indirect observation).
2. Collecting and recording of facts of observation.	2. Field work. Observation by first-hand contact with the facts (direct observation). a. Case-work. b. Sampling. c. Complete enumeration.
3. Classification of the facts of observation into series and sequences for comparison.	3. The statistical method. a. Tabulation. b. Graphs, ratios, averages, indexes, correlation coefficients, etc.
4. Generalization from these classified facts to some short formula or law which explains their relations.	

As the title implies, the author concentrates on the second of the three methods of social research listed—namely, field work, with its threefold division into case-work, sampling, and complete enumera-

tion, according as the data to be dealt with are derived from the individual, the partial group, or the entire community. He does devote a chapter to the examination of sources (indirect observation by the critical use of historical documents) and one to editing and tabulating the data secured from field work. But he wisely omits from the scope of the book a consideration of statistical method, upon which there are available numerous competent and exhaustive works.

As types of field work scientifically planned and executed, Chapin devotes some space to the investigations of the United States Commission on Industrial Relations and those of the Health Insurance Commission of the State of Illinois into the health and standards of living of wage-earning families in Chicago, and to the classical infant-mortality studies of the Federal Children's Bureau.

The case-work chapter is practically a summary of Miss Richmond's well-known *Social Diagnosis*, and uses as examples of medico-social case technique Dr. William Healy's outline for the diagnosis of the individual delinquent and Dr. Hibbert W. Hill's epidemiological procedures for determining the origin of a typhoid outbreak.

The "partial canvass" or "representative sample" resolves itself largely into the method generally known as the social survey. The familiar illustrations used, chiefly from surveys made by the Russell Sage Foundation, include Pittsburgh, Syracuse, and Springfield (Illinois). From the Children's Bureau studies and those of Miss Byington and Arthur Bowley, the author shows the nature and method of obtaining a representative sample.

The government census is of course the logical representation of complete enumeration. The Massachusetts State Census of 1915 offers thorough technique here.

The utility of this handbook for mental hygienists lies not in any direct application to psychiatric problems. Healy's work and that of the Eugenics Record Office are the only references to the field. But all investigators have occasion at times to prepare a schedule or a questionnaire and want to know what to include and the best way of phrasing it. Every one must at times construct a table, examine an official report for source material, or determine how many cases he must have to secure a valid and significant conclusion. The answers to such questions as these are based on universal principles, and Dr. Chapin has done us all a valuable service in bringing together for the first time in convenient form the generalizations upon which sound field work must be founded.

KENNETH M. GOULD.

American Public Health Association.

SHACKLED YOUTH. By Edward Yeomans. Boston: The Atlantic Monthly Press, 1921. 138 p.

This very interesting and stimulating little book deserves much attention. The publication of the original articles in the *Atlantic Monthly* produced much discussion and favorable comment, for the subject matter, as presented by the author, contains many very worthwhile suggestions that might well be incorporated in present-day educational programs.

The attitude of the author, as described in his first chapter concerning "a point of view on schools in general", is courageous and should receive hearty acclaim among those of us who are primarily interested in the successful and happy educational and social adjustments of children.

The contents of the succeeding chapters on geography, history, music, literature in the grades, and natural history contain many valuable points worthy of the consideration of all educators, if their preconceived goal for educational success permits the inclusion of real, vital human interests, although in his text the author would seem to view the dogmatism and inelasticity of the educators through pessimistic eyes. Moreover, his discouragement, as reflected in his discussion of the broader educational problems, includes the larger social group, the community, as well, for he says, "Whole communities share an infatuation that their school is good for children simply because the children do not resent it."

If the children themselves knew of the intriguing possibilities of a school shop such as the one described by Mr. Yeomans, one might predict a movement from within the school body politic itself. But it is gratifying to discover progress toward a newer, broader education, such as Edward Yeomans, Joseph K. Hart, and some of the other forward-looking, socially minded people of the day are making through the avenues of the printed page. It is our belief that through their efforts many followers may be gained, and out of this organization of public opinion may come the needed impetus for a new educational system. Books of this kind deserve wide distribution in order that the reading public may be assisted in recrystallizing their ideas concerning the educational needs of the school child.

MARION E. KENWORTHY.
Bureau of Children's Guidance, New York City.

THE SOUL OF A CHILD. By Edwin Björkman. New York: Alfred A. Knopf, 1922. 322 p.

A "good" home, a "loving" mother, a "dutiful" father, a "good" school with "capable" instructors, and, on the whole, "good" com-

panions, and yet a boy who has had all these "advantages" and who at five and during the early years of his school life was bright and alert so that he took the chief annual prize at his school, was happy and quesitive, lovable and friendly, at fifteen is surly, rebellious, indifferent, and "lazy". His ambition to go to college is lost and he leaves school in disgust to become a clerk. Was this inevitable? Was it merely that the early promise was a false one and that the boy had no real capacity? Was it not, after all, the boy's fault that he got all crossways with things? There are, at any rate, so many children who metamorphose in this way that one is probably justified in assuming that it is inevitable and that such children are born to fail.

But the "good" home—it was a middle-class Swedish home that the citizens of Stockholm no doubt considered good, that the pastor would think was good, and that probably most social workers would put down as good—contained a "loving" mother, whose neuroticism tyrannized the boy, and a "dutiful" father, who was now hard, now soft, so that the boy was now confused, now embarrassed, before him. With the best intentions in the world, these parents give the boy to drink of the bitter brew of their own unhappiness and defeat, their tempers, their querulousness, their pretense, their disingenuousness, their deception. The father demands that the boy be "honest" and then appropriates the money he has won as a prize at school. The mother importunes him to keep himself "clean and pure", and he wonders what it is all about—not because he doesn't know some things, but because he doesn't see any connection between what he learned behind the big rock on the farm and being "clean and pure"; but he begins vaguely to wonder.

School and books are a relief for a time, but the "capable" instructors soon begin to draw in the straps of the strait-jacket, and the father disapproves of borrowing books as they might be lost or injured and he would then have to pay for them. Bit by bit, here and there, the boy gathers information and misinformation about sex. Eventually a book comes into his hand—"he read as he had never read before in his brief span of life". "Pages were consumed before he realized with a shock more intense than any one previously experienced that the book was speaking of the game he learned to play back of the big rock. . . . He learned that physically and spiritually he had courted death, and what is worse than death. . . . Worse than any thought of punishment . . . . was the book's damning imputation of shame incurred, of unworthiness, of inferiority so deep that no words could adequately picture it. . . . The game learned behind the big rock must not be played again—that much was certain.

But all resolves proved vain. Fight as he may, the end was inevitably the same. . . . His life was an unending conflict, and in the presence of that ever-renewed struggle within, by forces that seemed alien to his own self, all else lost significance. And there was not a thing or a person within reach that could offer an antidote to the self-contempt corroding his soul's integrity.

"Going to school grew very hard for a while. He could barely look his schoolmates in the face for fear that they might read in his eyes what sort of a chap he was. At times, on his walks to or from school with Murray, a faintness would seize him at the mere thought that his friend somehow might have guessed the truth. And he sent timidly envious side glances at one lucky enough to be raised above all temptation. For neither his recollections of the gang gathered about the big rock nor the more recent light shed on such things by Johan had the slightest influence on his conception of himself as the sole black sheep in a flock of perhaps soiled, but nevertheless washable white ones.

"After a while the poignancy of his emotions became blunted by familiarity, and mere weariness forced him to accept himself on a reduced level. A sort of new equilibrium was established within him, but it was primarily based on indifference. Nothing really mattered. Effort was useless. Things merely happened. No one else could help what happened. And in this fatalism, so utterly foreign to his ardent, supersensitive nature, he found a certain momentary sense of peace."

Keith Wellander is a boy in a book and would be unimportant except for the fact that Björkman, in giving this intimate account of the emotional development of Keith has given an account of the emotional development of many a boy. And is the result foreordained and inevitable? One feels justified in believing that the sullen, disgruntled, "lazy" boy of fifteen was made, not born.

There is nothing in the story of Keith Wellander that has not been pointed out many times in this and other journals, but this book, put out in popular form, will no doubt be read by thousands of parents who never heard of MENTAL HYGIENE. One wishes for it, therefore, a very large circulation.

FRANKWOOD E. WILLIAMS.

The National Committee for Mental Hygiene.

HUMAN TRAITS AND THEIR SOCIAL SIGNIFICANCE. By Irwin Edmond, Ph.D. Boston: Houghton Mifflin Company, 1920. 467 p.

The author of this book states in his foreword that it was written originally and primarily for use in a course entitled *Introduction to Contemporary Civilization*, and that it is an attempt to give a bird's-

eye view of the processes of human nature from simple inborn impulses and needs to the most complete fulfilment of these in the deliberate activities of religion, art, science, and morals. He also states his hope that the book may give to the student and general reader a knowledge of the fundamentals of human nature and a sense of the possibilities these offer and the limits they set to human enterprise. As the writer of a textbook, we think that the author has failed to achieve his purpose; he has ignored that with which he must be fully acquainted—namely, that a textbook should state its principles with an unusual degree of clearness and definiteness. While brevity is not always a desirable thing, yet a principle briefly stated is more easily grasped by a student than a principle clothed in a mass of words.

The book is divided into two parts. In part one, the author deals with such traits as are manifest in the human individual and necessary for his social adaptation. He attempts an analysis of these traits with the idea of demonstrating their value in art, religion, science, and morals, which are the topics discussed in part two under the title *The Career of Reason*. It seems, however, that he is laboring under a misapprehension as to the meaning of various traits, amongst which is the trait "self", under which is discussed personality. Dual personality has a distinct place in psychology and must not be confused with the variation of the individual's reaction in various environments.

Throughout the volume similar criticisms can be made in reference to individual human instincts as here described. Whereas the book is a contribution to psychological literature and as such has a bearing on art, religion, science, and morals, yet the query may be raised whether it is not more worthy of a space in the teacher's library than in the student's.

FREDERIC J. FARNELL.

Rhode Island Society for Mental Hygiene.

WHEN CHILDREN ERR; A BOOK FOR YOUNG MOTHERS. By Elizabeth Harrison. Chicago: The National Kindergarten College. 177 p.

MISUNDERSTOOD CHILDREN; SKETCHES TAKEN FROM LIFE. By Elizabeth Harrison. New York: The Macmillan Company, 1922. 168 p.

These two little books are written by a loyal disciple of Froebel and are filled with illustrations taken from an extended kindergarten experience.

Many fundamentally valuable hints are given in the section devoted to discipline in *When Children Err*. The author pleads that the child be treated as a rational being and that "as soon as he is able to

reason", he be led to feel that there are laws of right and wrong which do not depend upon any mere individual view. To "universalize the deed", she would ask the misbehaving child "what would happen *if all children in like circumstances were permitted to do this same thing*".

"Educative punishments" are discussed in some detail. This method is designed to "educate the child's emotions and will, as well as his intellectual assent"—in other words, it lets "the deed bring its own results as nearly as possible and with as little interference from us as our lust for power will permit". In connection with this method, the giving of prizes as rewards for well doing is strongly condemned, not only because it gives "physical gratification for a spiritual struggle", but also because it "confuses the child's idea of the nature of his deed".

Corporal punishments, the author believes, result in general from an excessive consciousness of authority on the part of the parent and an underestimate of the rights of the child, or from an inability to see the child's point of view. Her statement "corporal punishment should be looked upon as the least valuable form of punishment and only to be administered when better plans fail" is somewhat confusing, as one at once wonders whether from a pragmatic standpoint one should consider a failing plan better than one that may succeed in teaching children the need for respecting authority, which the author agrees is a necessary part of the child's training.

There is no doubt, however, that the author is a firm believer in individualized treatment and in never-failing justice, both important elements in discipline.

Misunderstood Children consists of a series of sketches taken from life designed to illustrate mistakes to be avoided in dealing with children. It is written with so much sentimental detail that one sympathizes with the little girl's remark, "Mother, I think I could understand better if you did not explain so much." For the intelligent reader, the "foreword" is the best part of the book.

ANNE T. BINGHAM.

New York Probation and Protective Association.

A PSYCHOANALYTIC STUDY OF PSYCHOSES WITH ENDOCRINOSES. By Dudley Ward Fay, Ph.D. (Nervous and Mental Disease Monograph Series, No. 33.) New York: Nervous and Mental Disease Publishing Company, 1922. 122 p.

As stated in the introduction, this thesis is a psychoanalytic study of twenty-two male patients in an experiment on psychoses associated with recognized endocrine disorders, conducted at St. Elizabeths

Hospital, Washington, D. C., by Dr. Nolan and Dr. Lewis, with the assistance of Dr. Gertrude Davies and the author. The object was to discover whether there is any correlation between certain endocrine disorders and certain psychotic syndromes, and to learn what sort of mental disturbance is associated with a disorder of each particular gland or combination of glands.

The twenty-two men studied were selected from the patients of the hospital and were placed for six months on a sunny ward with the resources of occupational therapy and recreational activities. An analytic study of each case was made during the period of the experiment while glandular therapy was being administered. After six months' observation the group was disbanded and the patients returned to the other hospital wards. Four months later they were again examined by the author and their conditions noted.

The endocrine diagnoses included submyxedema (13), hypoadrenia (2), hyperthyroidism (4), hyperthyroidism with dyspituitarism (1), hypothyroidism with infantilism (1), and dyspituitarism (1). According to the mental diagnoses, every case was schizophrenia or had schizophrenic features.

Of the twenty-two cases studied, eight showed improvement during the period of observation. In two of the cases the improvement was thought to be due to the occupational therapy, which also contributed to the general happiness of the group and served as a valuable indicator of the patients' conditions.

Some of the cases were too deteriorated to benefit from psychoanalytic treatment. Some were too negativistic and resistant, while others were either too inattentive or too disturbed to receive help from such procedure. The author believes that in but one of the cases treated did any benefit result from the analytic treatment, although he states that other patients studied in the same hospital have shown more favorable results.

The early results of the glandular therapy were strikingly encouraging, but the improvement gradually faded as the treatment proceeded. In four of the cases, however, the patients' conditions were distinctly improved by it, the benefit lasting while under observation. No definite correlation was found between glandular conditions and mental states, although the hyperthyroid cases as a whole seemed to be more extraverted and to keep in closer contact with reality than the other types, while the feeding of desiccated thyroid gland seemed to reduce introversion and to cause the patient to come into closer contact with his environment.

From a psychoanalytic standpoint, the case histories are exceedingly interesting studies. From a glandular standpoint, however, the thesis is disappointing, not because of the negative findings in both

the relationship between mental and glandular symptoms and in the therapeutic results, but because so few endocrinologic data are furnished. Tests were apparently made that were not recorded in the physical findings. Not only is it hard in some cases to find sufficient foundation for the diagnosis made, but at times characteristics are described that suggest the involvement of other glands besides the one mentioned. For this reason, the study of the correlation between the endocrine disorder and the psychotic syndrome, which constitutes one purpose of the thesis, has not the interest for students that it otherwise would have.

The author reviews the literature on the subject of the relation between glands and mental states, showing the great variability in the observations of different experimenters. It is to be hoped that this study, with its interesting and valuable psychoanalytic interpretations, will be followed by others of a similar nature in which the endocrine phase will be given greater emphasis.

EDITH R. SPAULDING.
Out-patient Department, St. Luke's Hospital, New York.

THE PSYCHOLOGY OF THOUGHT AND FEELING. By Charles Platt, B.S., Ph.D., M.D., F.C.S. New York: Dodd, Mead, and Company, 1921. 282 p.

From the author's preface, the reader is led to anticipate that this book holds much material worthy of the attention of those interested in exploring the fields of psychology.

The first third of the book contains an interesting discussion of the fundamental concepts of inherited dispositions and subject matter pertaining to "compound emotions". To those familiar with the classical production of McDougall, the statements here set forth have unmistakable earmarks of McDougall's earlier contribution.

As the reader progresses through the remaining chapters of the book, dealing with the subjects of education, the subconscious mind, mental ills, the crowd, the delinquent, etc., he is inclined to wish that other books containing well organized concepts of these particular subjects might have been utilized in the preparation of this contribution to the psychology of thought and feeling, for the material as presented lacks evidence of organization, and at many points the reader is left entirely at sea as to the real purpose of the production.

In the discussion of "thought and judgment", although one might justly suppose that the author has sufficient understanding of the fundamentals of the newer psychology to enable him to discuss the psychological aspects of these subjects, he contents himself with giving descriptions of complexes, with a discussion of the processes of

rationalization of this affective material, failing thereby to contribute materially to the reader's general concept of the newer psychological implications.

In the chapter on "mental ills", the author displays a surprising paucity of information concerning some of the psychotic entities. For example, in his discussion of alcoholic indulgence, he says: "Prolonged alcoholism must naturally incline toward lowered vitality in offspring, but it does not give rise to insanity—unless the delirium of the patient in acute alcoholism be so counted." A statement like this could be made only by some one unfamiliar with the disease entities known as chronic alcoholic hallucinosis and alcoholic dementia found in actual clinical experience.

Altogether, the book is disappointing; it contains nothing new, and the lack of coördination and unity of the material included leaves much to be desired.

MARION E. KENWORTHY.

Bureau of Children's Guidance, New York.

ASPECTS OF CHILD LIFE AND EDUCATION. By G. Stanley Hall, LL.D., and some of his pupils. New York: D. Appleton and Company, 1921. 326 p.

President Hall has gathered into this book nine papers, all but one of which have been previously published. Three of the papers are by President Hall—*The Contents of Children's Minds*, originally printed in 1883; *The Story of a Sand Pile;* and *Boy Life in a Massachusetts Country Town Forty Years Ago.* Two are papers written by students in conjunction with President Hall—*Curiosity and Interest* by Theodate L. Smith and *A Study of Dolls* by A. Caswell Ellis. Four are by students—*The Psychology of Dreams* by Theodate L. Smith; *The Collecting Instinct* by Caroline Frear Burk; *The Psychology of Ownership* by Linus W. Kline and C. J. France; and *Fetichism in Children* by G. Harold Ellis.

These papers have been selected from something over a hundred papers written in the past thirty years by students at Clark University who, by the questionnaire method, have been studying special aspects of child life, such as the child's relation to nature (experience with light and darkness, day and night, etc.); development of the sense of self; some of the fundamental activities of the child (pleasure, pain, fears, etc.); social impulses (the gang, rudimentary society among boys, etc.); juvenile manifestations of fun, wit, humor, and the like. In his preface President Hall states that "studies like those in this volume might be called researches into the archæology of the human soul," and expresses the hope that it may be possible

in the future to gather certain of these studies in volumes on one or more of the above groups.

A good deal of water has gone over the psychological mill in the last seventeen years since the most recent of the papers in this volume was originally published, so that it is not surprising, perhaps, that the book would seem to contain no new data in regard to the psychology of childhood.

FRANKWOOD E. WILLIAMS.
The National Committee for Mental Hygiene.

THE HABIT OF HEALTH. By Oliver Huckel. New York: Thomas Y. Crowell Company, 1922. 128 p.

THE ART OF THINKING. By T. Sharper Knowlson. New York: Thomas Y. Crowell Company, 1922. 165 p.

PRACTICAL SELF-HELP. By Christian D. Larson. New York: Thomas Y. Crowell Company, 1922. 223 p.

The little book, *The Habit of Health*, contains nine short chapters in which the author attempts to correlate the spiritual with the psychopathological.

In *The Art of Thinking*, the author has hastily referred to a few facts in relation to thinking and then suggested to the reader that he indulge in the works of various other writers.

In *Practical Self-Help*, the author has attempted to present the knowledge of doing things in an approach to helping oneself. There is much repetition and reiteration and a rather meager comment upon how to do many of these things.

These three books are superficial presentations of their respective subjects, but nevertheless will undoubtedly fulfill the purpose for which they were written.

FREDERIC J. FARNELL.
Rhode Island Society for Mental Hygiene.

A YOUNG GIRL'S DIARY. Prefaced with a letter by Sigmund Freud. New York: Thomas Seltzer, 1921. 284 p.

Much has been said of the rôle played by the instincts during the period of childhood and adolescence, but not until the publication of *A Young Girl's Diary* have we had in concrete form such a clear and graphic account of a young girl's responses to the intimate personal contacts experienced by her in her home, school, and play.

The facts recorded cover a period of four and one-half years, between the ages of eleven and fourteen, and the material contained in the text furnishes the reader with a first-hand glimpse into the soul of this adolescent child. As the pages unfold themselves, it is possible to trace the outcroppings of the unconscious instinctive elements that

tend to influence the development of the personality of this growing child.

The description of the varied types and phases of her affective responses to the stimuli both from within herself and those arising through the medium of her environmental setting should furnish data of real interest to students of human behavior who are striving to gain a clearer and more complete understanding of the dynamic elements in the life of a growing child.

Documents of this type, containing a careful, painstaking record of each day's affective experiences during the adolescent phase of normal childhood, should enrich our understanding of the psychology of human behavior, and it is to be hoped that other books of the same value may be forthcoming.

MARION E. KENWORTHY.

Bureau of Children's Guidance, New York.

REPORT OF DIVISION OF EDUCATIONAL TESTS FOR 1919-1920. By Walter S. Monroe. Urbana: University of Illinois, 1921. (Bureau of Educational Research Bulletin No. 5.) 64 p.

This monograph deals with the standardization of educational tests. These tests are devised to measure the child's mastery of the various studies in the school curriculum. They are standardized for the various grades. Such tests can be made to take the place of the ordinary examinations and they are especially good in sorting out the children into groups—superior, average, and inferior.

In standardizing the tests, data were obtained from fourteen cities—nine in Kansas and one in each of the following states: Illinois, Ohio, Michigan, New York, and Pennsylvania. Some of these were large cities and some medium-sized cities. It will be seen that this was largely Mid-Western distribution and that for greater accuracy it would be well to use the tests in a group of Eastern and extreme-Western cities.

The author uses not averages, but median scores, twenty-five and seventy-five percentiles being used. This is much more accurate than averages and is much better for the establishment of norms than is the average score.

The tests were given from September to June in any single school year. This may be a more satisfactory method of administration. In general it is desirable, possibly, to have the tests given at a fixed time in the year, as the standard for the beginning, the mid-year, and the end of the year are seen to vary quite remarkably. It is preferable, therefore, to have graded tests given at stated periods and with more uniformity. It gives a greater usefulness to the standard obtained.

It is easier for teachers who are comparing standards of their classes with other classes to compare scores with the beginning, the middle, or the end of the school year, than to search for the particular month under which similar tests were given and compare with the score in question.

In the tables for arithmetic, the tests show scores for:

1. Correct use of principles in solution
2. Rate, speed of performance
3. Correct answers found

For silent reading tests the Monroe tests were used. Here the rate of reading, the comprehension of material read, and the reading-ability score were found.

In our clinic here at the University of Wisconsin, we have been using certain reading tests devised by Starch. The method differs so much, however, that it is impossible to compare with Monroe's results the results found here.

The author admits that the use of weighted scores does not give much more accuracy than when scores are used without the weighting system. This weighting of scores is quite complicated and most teachers do not understand the method employed; nor can they easily use scores found by the weighting system. We believe, then, that it is best, if such scores are to be used by the average teacher, not to use the weighting system of obtaining scores.

The Monroe Timed Sentence spelling test aims to measure ability in spelling. This is a much more accurate measure of the pupil's ability in spelling than the ordinary spelling test, because the words are not given an unnatural setting, as in the old-fashioned spelling book, but are arranged in sentences so that the test word is not prominent and the attention is not especially forced on one particular word. Instead, a series is presented and the attention is therefore distributed over a series of words, as is a natural thing in ordinary spelling.

Such tests have a very definite value. It must be borne in mind, however, that many children fail to come up to the standard, even though the tests are properly standardized, because of various emotional and physical difficulties. Therefore, group testing should always be followed by the individual study of those children who fall markedly below the group.

This is a very interesting and helpful monograph for school authorities whose duty it is to organize and modify the curriculum in the public school so as to adjust the various studies to the pupils' needs, grade by grade.

SMILEY BLANTON.

University of Wisconsin.

NOTES AND COMMENTS

Alabama

The United States Public Health Service Hospital at Tuskegee, Alabama, has received an appropriation of $2,500,000. There will be 230 beds for tuberculous patients and 270 beds for mental and nervous patients. In addition, an administration building and a recreation building are planned.

Florida

The 1921 appropriation act allows the Florida State Hospital, for purposes other than maintenance, the sum of $128,800. By this law the new Farm Colony for Epileptic and Feebleminded receives $125,000 for specified improvements and $150,000 for maintenance.

Idaho

The last legislative assembly enacted a law providing for the deportation of non-residents adjudged to be insane or feebleminded within the state. This act also imposes a fine as the penalty for transporting into the state any idiot, imbecile or insane person.

Massachusetts

A division of mental hygiene in the department of mental diseases is created by Chapter 519, Laws of 1922. This act is particularly worthy of mention, as it authorizes the division to institute inquiries into the causes of mental disease, epilepsy and feeblemindedness, with a view to prevention. One section of the law reads as follows:

"The department shall take cognizance of all matters affecting the mental health of the citizens of the commonwealth, and shall make investigations and inquiries relative to all causes and conditions that tend to jeopardize said health, and the causes of mental disease, feeblemindedness and epilepsy, and the effects of employments, conditions and circumstances on mental health, including the effect thereon of the use of drugs, liquors and stimulants. It shall collect and disseminate such information relating thereto as it considers proper for diffusion among the people, and shall define what physical ailments, habits and conditions surrounding employment are to be deemed dangerous to mental health."

The new Belchertown State School is expected to open formally for the reception of patients this summer. By Chapter 410, Laws of 1922, all acts in force with reference to the care of the feebleminded at other state institutions are made applicable to this institution.

Chapter 467, Laws of 1922, authorizes the commissioner of mental diseases to negotiate with the trustees of Smith College for the sale to the latter of about thirty acres of land at the Northampton State Hospital. The proceeds from this sale may be used for the purchase of additional land in Northampton.

The report of the special commission, created in 1921 to investigate the matter of providing suitable quarters for defective delinquents, recommending the use of that part of the State Farm at Bridgewater formerly used for alcoholics has been accepted. The governor has proclaimed the establishment of a department for defective delinquents. The State Farm has already received a few such patients. Notices to the courts request that only male offenders between the ages of 17 and 25 be sent to this institution because of limited facilities.

Missouri

A new building to accommodate 120 patients will be constructed at State Hospital No. 1, Fulton, at a cost of $85,000.

Bellefontaine Farm is the name of St. Louis' new municipal farm for mental defectives. It contains nearly 500 acres of land about three miles from the city.

Nevada

Chapter 149, Laws of 1921, provides for the care of ex-service men suffering from mental disease in specially equipped quarters at the Nevada Hospital for Mental Diseases, Reno. Four thousand dollars is appropriated for necessary repairs, employment of nurses, and carrying out the provisions of this act.

A legitimate child may be adopted without the consent of its parents when the father or mother has been declared either incurably feeble-minded or insane by a court of competent jurisdiction. This amendment is made by Chapter 216, Laws of 1921.

New York

Dr. Sanger Brown, 2d, has been appointed chairman of the state commission for mental defectives to fill the vacancy caused by the death of Dr. Pearce Bailey.

North Carolina

Several new buildings, including dormitories and a dining hall, have been completed at the Caswell Training School.

Ohio

Eighteen additional cottages are planned for the new Institution for Feebleminded at Orient, authorized in 1919. The total appropriations, including the purchase of 112 acres of land, buildings, repairs, and equipment, are $357,000 for the biennium ending June 30, 1923. The original act creating this institution carried an appropriation of $650,000.

Oklahoma

The sum of $150,000 has been appropriated for a new ward building at the Eastern Oklahoma Hospital, Vinita. At the Western Oklahoma Hospital, Supply, $200,000 is to be expended over a period of two years for two ward buildings. Three thousand dollars a year for the care of tuberculous patients is included in the 1921 appropriations for this hospital.

Pennsylvania

A new infirmary of 120 beds is to be added at the Philadelphia Hospital for Mental Diseases.

Vermont

Four new buildings are to be constructed at the state hospital for mental diseases—a women's dormitory, a men's dormitory, a service building, and a reception building.

Virginia

A commission on mental health is authorized by Chapter 368, Laws of 1922. Its membership is to be as follows: chairman of the state board of public welfare, commissioner of that board, one member of the state senate, one member of the house of delegates, commissioner of state hospitals, superintendent of Central State Hospital, superintendent of Colony for Epileptics and Feebleminded, state health commissioner, superintendent of public instruction, and two citizens from the state at large. The purpose of the commission is to inquire into the several matters stated in the preamble to the act, and to make a report with recommendations to be included in the 1923 annual report of the board of public welfare. The preamble is as follows:

"Whereas, there is need for more general dissemination of information and wider public interest regarding mental hygiene, the prevalence, causes and prevention of insanity, mental defect and epilepsy and their effects on the individual, his or her offspring, the community and the state; and,

"Whereas, inadequate special provision is now made in our public schools for the appropriate teaching and training of mentally deficient, backward and epileptic children; and,

"Whereas, insufficient consideration and study are given to the relationship of mental disorders and epilepsy to crime and moral delinquency; and,

"Whereas, defective delinquents constitute a troublesome group in our hospitals, prisons, reformatories and industrial schools, that need special study and custody, and probably a separate institution; and,

"Whereas, many mental defectives and epileptics that cannot be provided for in our state institutions need better supervision and care than can be given them in their homes; and,

"Whereas, out-patient mental clinics and hospital social service have seemed to have proven of advantage elsewhere; and,

"Whereas, special provision for border-line or doubtful cases, and the diagnosis and study of mental diseases in their incipiency and most curable stage should receive more attention, thereby aiding in earlier recovery; and,

"Whereas, a psychopathic hospital and institute seem to furnish the best means of such diagnosis and treatment, and the scientific study and research into abnormal and subnormal mental conditions and the clinical teaching of psychiatry; and,

"Whereas, many patients furloughed or discharged from the several state institutions for the insane, feebleminded and epileptic frequently need advice and assistance of psychiatrists and trained social workers, in order that such cases may more readily readjust themselves to their environment, avoid social and economic stress, and procure suitable employment and home care and treatment, thereby preventing another mental upset; therefore, be it enacted . . ."

The Central State Hospital at Petersburg has purchased an adjoining farm of nearly one hundred acres which will probably be used for the feebleminded. The establishment of a colony for feebleminded and a colony for colored epileptics has been authorized at this institution.

The Virginia Epileptic Colony has received an appropriation of $42,500 for a new dormitory for fifty women.

West Virginia

A new building for the diagnosis and treatment of ex-service men has been opened at the Huntington State Hospital. It will accommodate fifty patients.

Canada

Construction has begun on a new unit of the Public Hospital for Insane at Essondale, B. C. It will have a capacity of 250 beds.

New Medical Director, The National Committee for Mental Hygiene

Dr. Frankwood E. Williams has been appointed Medical Director of The National Committee for Mental Hygiene to succeed Dr. Thomas W. Salmon, who resigned in January to become Professor of Psychiatry at the College of Physicians and Surgeons, Columbia University. Dr. Williams has been a member of the staff of the National Commit-

tee since January 1, 1917, as Associate Medical Director, Director of the Division of Education, and Editor of MENTAL HYGIENE. He is a graduate of the University of Wisconsin and of the Medical Department of the University of Michigan. He was formerly Resident Physician at the State Psychopathic Hospital, University of Michigan, Ann Arbor; Executive Officer and First Assistant Physician, Boston Psychopathic Hospital; Chairman of the Massachusetts Advisory Prison Board, and Medical Director of the Massachusetts Society for Mental Hygiene. During the war he served as Vice-chairman of the War Work Committee of The National Committee for Mental Hygiene and in the army as First Assistant and Acting Chief, Division of Neurology and Psychiatry, Office of the Surgeon General.

YALE UNIVERSITY HONORS MR. BEERS

At the recent commencement exercises, Yale University conferred upon Mr. Clifford W. Beers, the organizer and Secretary of The National Committee for Mental Hygiene, the honorary degree of Master of Arts.

The introduction by Professor William Lyon Phelps was as follows:

> "Clifford Whittingham Beers—A graduate of Sheffield Scientific School twenty-five years ago. His life has been filled with spiritual adventures. He is the author of a book apparently destined to become a classic, *A Mind That Found Itself*. In this, with unmatched eloquence of sincerity, he has described his terrific experiences in that obscure border-land beyond the bounds of sanity. On his return to the world of causation, instead of trying to forget his sufferings, he determined to use them for the benefit of mankind. He grasped the nettle Danger and plucked the flower Safety. Besides the extraordinary influence of his book, both in the field of literature and of human helpfulness, Mr. Beers has labored incessantly for the cause of mental hygiene. He is determined that people shall not forget those who have forgotten their own names. No explorer on land or sea has shown more inflexible courage than has Mr. Beers in penetrating beyond the frontiers of orderly thought."

President Angell responded:

> "For your indomitable courage and devotion in turning to the enduring benefit of mankind experiences that have driven most sufferers to silence and seclusion, we bestow upon you the degree of Master of Arts and admit you to all its rights and privileges."

This honor marks, as it were, the beginning of the international phase of Mr. Beers's unusual career. Mr. Beers is at present on leave

of absence from his office as Secretary of The National Committee for Mental Hygiene, and plans before many months to go to foreign countries to stimulate interest in existing mental hygiene organizations and in the formation of them where none exists. As secretary *pro tem.* of the International Committee for Mental Hygiene, now in process of organization, Mr. Beers will help establish that agency and, at the same time, further the plans for the First International Congress on Mental Hygiene, to be held in the United States, probably in the spring of 1924. The International Committee will be formally founded in connection with this congress. Countries already in a position to participate in this congress through having national committees, leagues, or councils for mental hygiene are: the United States, Canada, Great Britain, France, Belgium, and South Africa. Interest in organizing such agencies exists in Italy, Holland and other European countries, and in Australia.

British National Council for Mental Hygiene

Several months ago announcement was made that a provisional committee of British medical men had decided to form a National Council for Mental Hygiene, the aims of the organization to be (1) to serve as a medium for coördinating the activities of the various associations concerned with mental hygiene; (2) to join with other national councils to form an international league for combined action and the interchange of knowledge; (3) to study the causation and prevention of mental disturbances, including the influences of environment, heredity, such poisons as alcohol and lead, the dangerous trades, and syphilis; (4) to give greater prominence to the subject of mental hygiene in medical education; (5) to further the establishment in general hospitals of special clinics for the early treatment of mental disorders in such conditions as would remove the public prejudice against the word *"mental"*; (6) to improve the conditions of treatment of mental disorders, particularly in the early stages, when much good could be done at home by the institution of social work; and (7) to issue judicious propaganda.

The committee consisted of Sir Courtauld Thomson, Chairman; Sir Norman Moore, President of the Royal College of Physicians; Sir Charles Sherrington, President of the Royal Society; Sir John Goodwin, Director General of Army Medical Service; Sir George Newman, Principal Medical Officer, Ministry of Health; Sir Walter Fletcher, F.R.S., Secretary of the Medical Research Council; Dr. C. H. Bond, President of the British Medico-Psychological Association; Dr. Bedford Pierce, President of the Section of Psychiatry of the Royal Society of Medicine; Professor George Robertson, President-

elect of the British Medico-Psychological Association; Dr. C. S. Myers, F.R.S., Director of the National Institute of Industrial Psychology; Dr. G. Ainsworth; Dr. Helen Boyle; Dr. Edwin Bramwell; Dr. E. Farquhar Buzzard; Sir Maurice Craig; Lord Dawson of Penn; Sir Bryan Donkin; Dr. Elliot Smith, F.R.S.; Dr. Edwin Goodall; Dr. Henry Head, F.R.S.; Dr. H. Crichton Miller; Sir Frederick Mott, F.R.S.; Dr. W. H. R. Rivers, F.R.S.; Sir Humphry Rolleston; Dr. T. A. Ross; Dr. A. F. Tredgold; Dr. W. Worth. The name of Sir Leslie Scott, M.P., was later added to the committee.

A meeting, to which representatives both of the medical profession and of the lay public had been invited, was held May 4, 1922, at the rooms of the Royal Society of Medicine, for the purpose of deciding upon a constitution and electing officers. About four hundred people attended. Sir Courtauld Thomson, who presided, pointed out the need for a national organization which would enable Great Britain to take her place in the international movement for mental hygiene, and pleaded for the coöperation of the lay public, without which, he said, all the skill, devotion, and energy of the medical profession would be of no avail. Sir Humphry Rolleston explained in more detail the aims of the proposed council.

"It was then unanimously agreed", to quote from *The Times* (London), "that the National Council for Mental Hygiene be formed, and on the motion of Sir Frederick Mott, seconded by Dr. E. Farquhar Buzzard, Sir Courtauld Thomson was elected chairman.

"Lord Southborough proposed, Lady Darwin seconded, and it was agreed, that the provisional committee . . . be authorized to act for six months, with power to add to their number, to draw up a constitution, and to elect an executive committee.

"Sir Courtauld Thomson then announced that Sir Charles Russell and Company, honorable solicitors to the British Red Cross, had consented to act as honorable solicitors to the National Council; and Sir Basil Mayhew, auditor to the British Red Cross, had consented to act as honorable auditor.

"Dr. Henry Head pleaded for the coördination of the results of highly specialized scientific work which had been accomplished in relation to the mental health of the nation. The word 'mental' had an ominous sound which called up at once the idea of insanity. But mental hygiene meant only the maintenance of that state of health in which human beings could respond normally to the calls made upon them by daily life. Mental hygiene was as important as sanitation. Mind and body were inextricably intermingled. Those who played golf knew how completely they might go off their game. When they did, they wondered whether they were sickening for some illness.

When they returned home tired and vexed, they discovered the real cause in a forgotten letter thrust into a pocket unopened because of its disagreeable contents. This repression had been responsible for a day of misfortune. The evil effects of such repression was one of the most important therapeutic lessons learned in the war.

"No structural disease was free from its mental concomitants, and every mental state had its bodily equivalent. People said in a relieved voice, 'It is only nerves', but so-called nerves produced more individual and corporate misery than cancer. They were evidence that something was wrong beneath the surface of our mental life. Had a knowledge of mental hygiene been more prevalent, we should have been spared the crazy exhibition of suggestion to which this country had been recently exposed. We were advised, when a drain was obstructed, not to clear the effluent, but to say '*ça passe*', in the hope that thereby the noxious effluvia would be dissipated.

"Sir Leslie Scott, M.P., paid a high tribute to the work of the Central Association for Mental Welfare and After-Care Association, and said it was of the greatest importance that the various bodies dealing with the subject of mental hygiene should be kept in touch with each other by some unifying body such as the proposed National Council. Speaking from the point of view of the courts of justice of this country, he thought it was of the highest public importance that persons who committed crimes because they were mentally 'wrong' should be dealt with in the right way by medical attention, and that those who had to administer criminal justice should have the assistance of wise expert advice.

"Major-General Sir John Goodwin, Director General, Army Medical Service, said he was a little skeptical as to whether the day of the fighting services was entirely at an end. Modern war imposed a terrible mental strain, not only upon the fighting men, but upon the whole community; and he felt that the subject of mental hygiene was of incalculable importance to the nation's future.

"Sir Maurice Craig said it was poor economy to build vast institutions for the cure of the mentally afflicted. It would be very much better if more time, money, and thought were directed towards the prevention of mental disorders. Hitherto it had been the policy of this country with regard to a man who was breaking down that until he became insane nothing could be done for him."

The Lancet (London), commenting on the meeting, said: "The National Council for Mental Hygiene has started under the best auspices with a fine practical program before it, and it is to be hoped that the provisional committee will be able to take advantage of the opportunities for international activity which lie immediately before them."

Mental Hygiene in Australia

The Federal Executive Committee of the Public Health Association of Australia recently passed a resolution that a Mental Hygiene Section be formed with the following aims:

"To work for the mental health of the community; to help in the prevention of nervous and mental disorders and mental defects; to help in raising the standards of care and treatment of those suffering from mental disorders or mental deficiency; to promote the study of these subjects in all their forms and relations and to disseminate knowledge concerning their causes, treatment, and prevention; to obtain within the commonwealth and elsewhere reliable information regarding the conditions and methods of dealing with mental disorders and mental deficiency; to coöperate in accordance with the policy of the association with the various departments and other existing agencies concerned with these problems."

The first meeting of the section as a whole will be held in Sydney in September, when officers will be appointed for the ensuing year, preliminary organization discussed, and papers read. It is hoped that the section will be the forerunner of an Australian National Committee for Mental Hygiene and will prepare the way for Australia's participation in the work of an International Committee.

Congress of Mental Hygiene in Paris

A Congress of Mental Hygiene, under the auspices of the League of Mental Hygiene of France, which was organized in December 1920, was held in Paris June 1–4 in connection with the celebration of the centenary of Bayle's description of general paresis. The congress was designed to appeal not only to the medical profession, but to biologists, teachers, sociologists, lawyers, military men, and all others interested in the theoretical or the practical aspects of mental hygiene. The subjects of discussion and the principal speakers were as follows: *The General Principles That Should Govern the Care of Psychopathic Patients,* Dr. Antheaume, of Paris; *The Relation of Mental Hygiene to the Selection of Workers,* Monsieur Lahy, of Paris; *Applied Psychology and the Method of Education,* Professor Claparède, of Geneva; *International Coöperation in Scientific Studies in Mental Hygiene,* Professor Rabaud, of Paris; *Mental Hygiene in the Family,* Dr. Toulouse, of Paris. Dr. Toulouse, President of the League of Mental Hygiene of France, presided.

One of the aims of the league in organizing the congress was to prepare the way for French participation in an international congress of mental hygiene, plans for which are already being laid in the United States.

A Journal of Personnel Research

The Personnel Research Federation has recently issued the first numbers of a monthly journal to be devoted to "the correlation of research activities pertaining to personnel in industry, commerce, education, and government, wherever such researches are conducted in the spirit and with the methods of science". As the federation's official organ, the journal will represent a number of organizations of very diverse types. The active membership of the federation includes the Research Information Service of the National Research Council; the Engineering Foundation; the American Federation of Labor; the Carola Woerishoffer Department of Social Economy and Social Research, Bryn Mawr College; the Bureau of Industrial Research; the Bureau of Vocational Information; the Bureau of Personnel Research of the Carnegie Institute of Technology; The National Committee for Mental Hygiene; and the Department of Industrial Research of the Wharton School of Finance and Commerce, University of Pennsylvania. The need for a journal such as the one planned arises from this very diversity in point of view and in the matter of technical background and equipment among investigators of personnel problems. The federation aims to bring the various groups into touch with one another through the medium of the journal and to make the contributions of each available for all. To this end the style and language of the journal will be kept as simple as possible and as free from technical terminology as is consistent with scientific accuracy. The contents will consist of original articles, reviews, abstracts, and news notes. The following persons have been invited to serve on the editorial board: Editor-in-Chief, Leonard Outhwaite, Personnel Research Federation; Managing Editor, Clarence S. Yoakum, Director, Bureau of Personnel Research, Carnegie Institute of Technology; Daniel L. Edsall, Dean, Harvard Medical School; Alfred D. Flinn, Secretary, Engineering Foundation; E. K. Hall, Vice-President, American Telephone and Telegraph Company; Richard W. Husband, Dartmouth College; Wesley C. Mitchell, Director of Research, National Bureau of Economic Research; Lewis M. Terman, Leland Stanford University; Frankwood E. Williams, The National Committee for Mental Hygiene; Joseph H. Willets, Wharton School, University of Pennsylvania; Matthew Woll, Vice-President, American Federation of Labor; Mary Van Kleek, Director of Industrial Studies, Russell Sage Foundation.

Bulletin of the Massachusetts Society

The Massachusetts Society for Mental Hygiene has for the last few months been issuing a news letter—*The Monthly Bulletin*—with the

idea of keeping the members of the society more closely in touch with its various activities and with events of interest in the mental-hygiene field in general. Intended as it is for laymen, the *Bulletin* is written in language as non-technical as possible; its aim is rather to explain than to instruct. Dr. George K. Pratt, Medical Director of the Massachusetts Society, is the editor, and there is a consulting editorial board composed of Dr. Donald Gregg, Herbert C. Parsons, and Dr. Abraham Myerson.

Archives of Occupational Therapy

The American Occupational Therapy Association issued in February the first number of a bi-monthly journal, *Archives of Occupational Therapy*, which is to be its official organ. The new journal is to be used for the publication of articles that are now scattered in many periodicals or that lack entirely a proper medium of dissemination. News of ephemeral interest will not be published, as the plan is to include only material that is worthy of permanent preservation. The addresses and discussions of the Occupational Therapy Association will appear regularly, and constructive papers read before local societies will be included also. Abstracts, book reviews, and a current bibliography will help to keep readers of the *Archives* in touch with the latest developments in the field of occupational therapy.

The *Archives*, it is believed, will be of interest not only to workers in occupational therapy, but to physicians, social workers, nurses, kindergarten teachers and teachers of abnormal or subnormal children, psychologists, industrial-accident boards and departments, physical-education directors and directors of summer camps, and insurance companies, manufacturers, and business organizations interested in the educational and recreational value of occupational therapy.

Bulletin of Illinois Division of Alienist

The Division of Alienist of the Illinois State Department of Public Welfare is issuing a bi-monthly bulletin for circulation throughout the state medical service, including not only physicians, but nurses, attendants, occupational therapists, social workers, and all others who are concerned in giving therapeutic aid to the patients in the division's care. The purpose of the bulletin, as stated in the first number by Dr. Charles F. Read, State Alienist, is not to give orders, but to offer suggestions along various lines and in general to act as a stimulant. It will be concerned with administrative work only in so far as this bears directly upon questions involving treatment, hygiene, and sanitation. The contents will consist of brief articles, abstracts, recommendations for reading, short statements regarding the medical activi-

ties of hospitals in which especially worth-while work is being done, suggestions for the improvement of present conditions, and the like, no contribution to exceed three hundred words.

Progress

Man's rise from the level of the animal to that of a civilized human being has been due chiefly to his own efforts. While he depended on nature at first, owing to his limited intelligence, he rose higher in proportion as he used his mind in making it his servant. Proofs to this effect are accumulating every day. Climates which were deadly once are now becoming fruitful places for his enterprise. Fears which once terrorized him have been relegated into the realm of superstition. Diseases which once were deemed unavoidable now yield to scientific treatment. In the air and in the water, from the Arctic to the Antarctic, from the cradle to the grave, he becomes increasingly the master of nature and of his own fate.—Rudolph M. Binder, in *Health and Social Progress.*

American Psychiatric Association

The annual meeting of the American Psychiatric Association was held this year in Quebec, June 6-9. Among the topics discussed were *Endocrine Disorders, Psychoneuroses, Bodily States and Mental Disorders,* and *Childhood Psychoses.* The following officers were elected: President, Dr. H. W. Mitchell, Superintendent of the State Hospital at Warren, Pennsylvania; Vice-president, Dr. Thomas W. Salmon, Professor of Psychiatry, College of Physicians and Surgeons, Columbia University; Secretary-Treasurer, Dr. C. Floyd Haviland, Chairman, New York State Hospital Commission.

American Association for the Study of the Feebleminded

The Forty-sixth Annual Meeting of the American Association for the Study of the Feebleminded was held in St. Louis, May 18, 19, and 20. Among the papers read were the following: *Self-government as Applied to Feebleminded Women,* Mary Vanuxem, Psychologist, Pennsylvania Village, Laurelton; *The Relation of Personality to the Maladjustment of the Mental Defective,* Dr. H. W. Potter, Letchworth Village, Thiells, New York; *A Behavioristic Study of Delinquency,* Dr. H. M. Adler, State Criminologist of Illinois; *Extra-institutional Care of the Feebleminded,* Mrs. Z. Pauline Hoakley, Psychologist, Michigan Home and Training School, Lapeer; *A Study of the Careers of 321 Feebleminded Persons Who Have Been in the Special Classes and Are Now in the Community,* Dr. V. V. Anderson, The National Committee for Mental Hygiene; *A Report of a Study of One Hun-*

dred Feebleminded Girls with a Mental Rating of Eleven Years, Dr. George L. Wallace, Superintendent, Wrentham State School, Wrentham; *The Inauguration of a State-wide School Clinic in Massachusetts,* Dr. Walter E. Fernald, Superintendent, Massachusetts School for Feebleminded, Waverley; *The Institution as a Laboratory for the Public Schools,* Professor E. R. Johnstone, the Vineland Training School; *The Curriculum for the Children of Low-Grade Mentality in the Public Schools,* Lucy Elliott, Special Examiner in the Department of Tests and Measurements, St. Louis; *The Organization and Administration of the Education of Subnormal Children in the Public Schools,* Frank L. Wiley, Director of Tests and Measurements, St. Louis.

American Psychopathological Association

The Twelfth Annual Meeting of the American Psychopathological Association was held in Washington, D. C., May 1, 1922. The following papers were read: *Existing Tendencies, Recent Developments, and Correlations in the Field of Psychopathology,* by Dr. William A. White, Washington; *A Contribution to the Theory of Localization of Mental Functions,* by Dr. Harold I. Gosline, Howard, R. I.; *A Discussion of the Nature of Essential Epilepsy,* by Dr. L. Pierce Clark, New York City; *Psychopathology in Somatic Diseases,* by Dr. Smith Ely Jelliffe, New York City; *Relation between Psychoanalysis and Suggestion,* by Dr. John T. MacCurdy, New York City; *Current Expressions of Our Social Unconscious,* by Dr. Trigant Burrow, Baltimore; *A Discussion of the Mechanism of Obsessive States,* by Dr. T. A. Williams, Washington; *Depersonalization, or What Is Hypnotism?* by Dr. Morton Prince, Boston; *Critical Observations on "Phenomena of Materialization," by Baron Von Schrenck Notzing,* by Dr. Sanger Brown, 2d, New York City.

Mental-Hygiene Session of the National Education Association

The National Education Association, which met this year in Boston, July 2-8, devoted the afternoon of July 6 to a mental-hygiene program. The papers were: *Mental Hygiene for the School Beginner,* by William H. Burnham, Ph.D., Professor of Pedagogy and School Hygiene, Clark University; *The Inauguration of a State-wide School Clinic in Massachusetts,* by Walter E. Fernald, M.D., Superintendent, Massachusetts School for the Feebleminded; *Fatigue as a Factor in Education,* by Francis N. Maxfield, Director, Bureau of Special Education, State Department of Public Instruction, Harrisburg, Pennsylvania; *Some Internal Glandular Influences upon Child Mentality,* by Walter Timme, M.D., New York City.

A List of Books for Parents

The Committee on Bibliography of the Federation for Child Study has compiled a list of books for parents, on such subjects as the physical care of the mother and child, the philosophy of education, eugenics and heredity, play and recreation, sex education, adolescence, the unadjusted child, and the "new psychology". Among the books listed are *Speech Training for Children,* by Margaret Gray Blanton and Smiley Blanton; *Seven Ages of Childhood,* by Ella Lyman Cabot; *Human Nature and Conduct,* by John Dewey; *The Mind in the Making,* by J. H. Robinson; *Shackled Youth,* by Edward Yeomans; *The Direction of Human Evolution,* by E. G. Conklin; *The Control of Life,* by Arthur J. Thomson; *The Trend of the Race,* by S. J. Holmes; *Quicksands of Youth,* by Franklin Chase Hoyt; *The New Psychology and the Teacher,* by H. Crichton Miller; *Fundamental Conceptions of Psychoanalysis,* by A. A. Brill; *Human Behavior,* by Stewart Paton; *The Mental Hygiene of Childhood,* by William A. White; *Morbid Fears and Compulsions,* by H. W. Frink; *Psychology—A Study of Mental Life,* by Robert S. Woodworth; *The Psychology of Insanity,* by Bernard Hart; *Psychoanalysis, Its Theories and Applications,* by A. A. Brill; *Psychology from the Standpoint of a Behaviorist,* by John B. Watson; *A Study of the Mental Life of the Child,* by H. von Hug-Hellmuth; and *The Freudian Wish and Its Place in Ethics,* by Edwin B. Holt. Copies of the bibliography may be obtained by writing to the Federation for Child Study, 2 West 64th Street, New York City.

Neuropsychiatric Problem before Veterans' Bureau

According to compilations recently made by government officials, there are 9,027 ex-service men suffering from mental disorders in hospitals; and there are 110,000 claims for neuropsychiatric disabilities on file in the Veterans' Bureau. Thus, the Veterans' Bureau faces the large problem of restoring to mental health thousands of nervous and mentally affected veterans either in hospitals or in out-patient clinics. The bureau reports 34,554 mentally affected men who have been treated since their discharge. The Adjutant-General's Office of the War Department reports 72,000 men discharged from the service with mental disorders.

Of the recent appropriation of $17,000,000 provided by the second Langley Bill, which was signed by the President in April, a large part will go to hospitals for neuropsychiatric cases. Of the appropriation of $18,600,000 passed in the first Langley Bill, March 3, $7,792,000 was allotted for the construction and enlargement of neuropsychiatric hospitals. The Veterans' Bureau plans to have at least one

neuropsychiatric hospital in each of the fourteen districts into which the country is divided.

The neuropsychiatric hospitals at present in operation are located at National Soldiers' Home, Marion, Indiana; Naval Training Station, Great Lakes, Illinois; West Roxbury, Massachusetts; Philadelphia; Perryville, Maryland; Waukesha, Wisconsin; Augusta, Georgia; Knoxville, Iowa; Gulfport, Mississippi; Fort McKenzie, Wyoming; Bronx, New York; and Little Rock, Arkansas.

There are 5,500 beds in hospitals owned by the government. There are 4,500 beds in civil-contract hospitals. Thus, there are 10,000 beds now available for neuropsychiatric ex-service men. With the funds provided for in the second Langley Bill, the Veterans' Bureau plans to expand the capacity of hospitals to 12,000 beds. One of the problems of treatment in these cases is that of community adjustment; successful treatment is best effected in out-patient clinics. The first of these was established at Boston. Other clinics are now operating at Washington, Baltimore, Philadelphia, New York, Cincinnati, and Cleveland. It is proposed to have an out-patient clinic as a part of each district hospital. Occupational therapy is a part of the treatment. The bureau has provided for men discharged from hospitals—but not capable of going into regular vocational training—by establishing neuropsychiatric trainees. These are at Silver Spring, Maryland; Bellevue College, Nebraska; Port Jefferson, New York; and Chick Springs, South Carolina.

Lectures on the Mental Health of Children

A course of fifteen lectures on the mental health of children is to be given next fall at Boston University under the direction of J. Mace Andress, Head of the Department of Psychology and Child Study of Boston Normal School. The course is designed to be of practical value to teachers, mothers, social workers, and all those who are responsible for the training of children. Regular university credit will be given for the course. A tentative schedule of the lectures, which will be given weekly, beginning September 25th, is as follows: *The Mental-Hygiene Movement—Its Significance for Education,* by J. Mace Andress, Ph.D.; *Mental Health and the Child of Pre-School Age,* by Douglas A. Thom, M.D., Chief of Out-patient Department, Boston Psychopathic Hospital and Director of Children's Habit Clinic, South Bay Union Settlement; *Development of Healthful Attitudes towards School Work,* by Arthur H. Kollom, Assistant Director, Department of Investigation and Measurement, Boston Public Schools; *The Nervous Child,* by L. E. Emerson, Psychologist, Massachusetts General Hospital; *The Spoiled Child,* by C. Macfie Campbell,

M.D., Director, Boston Psychopathic Hospital; *Behavior Problems and How to Meet Them,* by Abraham Myerson, M.D., Assistant Professor of Neurology, Tufts Medical School; *Juvenile Delinquency and Mental Training,* by William Healy, M.D., Director, Judge Baker Foundation; *Feeblemindedness as a School Problem,* by Walter F. Dearborn, M.D., Ph.D., Professor of Education, Harvard University; *Feeblemindedness as a Social Problem,* by Walter E. Fernald, M.D., Superintendent, Massachusetts School for the Feebleminded; *Pitfalls of Adolescence,* by A. Warren Stearns, M.D., Assistant Professor of Neurology, Tufts Medical School; *Mental Hygiene and the College Student,* by Frankwood E. Williams, M.D., Medical Director, The National Committee for Mental Hygiene; *The Proper Education of the Emotions,* by Miner H. A. Evans, M.D., LL.B., Boston; *Plain Speaking about Insanity,* by George K. Pratt, M.D., Medical Director, Massachusetts Society for Mental Hygiene; *The Mental Health of the Normal Child,* by J. Mace Andress, Ph.D.

A Bibliography for Courses in Mental Hygiene

A short bibliography for normal-school and college courses in mental hygiene has been compiled by Dr. Walter F. Dearborn, Professor of Education, Harvard University, and Lawrence A. Averill, Professor of Psychology, Worcester Normal School, acting as a subcommittee of the Committee on Education of the Massachusetts Society for Mental Hygiene. The bibliography, copies of which were issued with the May number of the society's *Monthly Bulletin,* is designed to serve only as an introduction to general mental hygiene. The committee is at work on similar lists for specialized branches of the subject, such as feeblemindedness, juvenile delinquency, and the like, and these will be published as soon as ready. The items on the present list are grouped under three headings: (*a*) books, (*b*) pamphlets published by the Massachusetts Society for Mental Hygiene, and (*c*) reprints from Mental Hygiene. The Massachusetts Society has arranged to have available for quantity distribution practically complete sets of the last two groups at a cost price of $1.00 a set. These pamphlets and copies of the bibliography may be obtained by writing to the office of the Medical Director, 1132 Kimball Building, 18 Tremont Street, Boston.

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